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EXTENSION SERVICE IN AGRICULTURE
AND HOME ECONOMICS

DEC 14 1955

ASSOCIATE DIRECTOR

R E P O R T

of

THE UNIVERSITY OF ILLINOIS COMMITTEE ON

ACCIDENT COMPENSATION

for period

JULY 1, 1954 THROUGH JUNE 30, 1955

July 1955

University of Illinois

ACCIDENT CASES CONSIDERED BY

THE COMMITTEE ON ACCIDENT COMPENSATION

THE COMMITTEE ON ACCIDENT COMPENSATION

Professor R. F. Lesemann, Chairman

Professor W. C. Robb

Director Donald E. Dickason

Mr. Jack T. Harroun, Secretary

Dr. L. M. Dyke

Director of Health Services-Advisor

Professor G. W. Harper-Advisor

SUB-COMMITTEE

Dr. L. M. Dyke

Professor G. W. Harper

Mr. R. E. Hartz

Mr. J. E. Harmon

Mr. P. A. Hartley

Mr. Jack T. Harroun, Secretary

July 1955

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1954/55 - 1958/59

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¹The amounts are the payments made in the period of July 1, 1954 through June 30, 1955.

Comp. Time Lost indicates the amount paid for time lost under the provisions of the Illinois Workmen's Compensation Act, or the Illinois Occupational Diseases Act.

Medical indicates the amount paid for medical treatment under the provisions of the before-mentioned Acts.

P. Disab. Final Settlement indicates the amount paid in settlement of the case under the provisions of the before-mentioned Acts.

O.D. or Work Comp. Costs indicates the total amount paid under the provisions of the before-mentioned Acts.

Univ. Disab. Benefits indicates the amount paid by the University from earned disability benefits.

Retirement Costs indicates the amount paid by the Retirement System in connection with the accident.

* Indicates the case has been reported in the previous year or years.

Indicates the case is still pending.

-- Indicates payments were made in the previous year or years.

? Indicates the information in reports was incomplete.

Report prepared by Jack T. Harroun
Supervisor of Accident Compensation
and Donna M. Clark, Clerk Typist III

SCHEDULE 1

**ACCIDENT CASES CONSIDERED BY THE COMMITTEE ON ACCIDENT
COMPENSATION JULY 1, 1954 THROUGH JUNE 30, 1955**

URBANA - CHAMPAIGN

UNIVERSITY OF ILLINOIS COMMITTEE ON ACCIDENT COMPENSATION FOR EMPLOYEES
July 1, 1954 to June 30, 1955

**Urbana-Champaign
Administration and General**

Claim No.	Individual (Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost	Work Days Lost	Univ. Disab. Benefits	Retirement Costs	TOTAL Costs this year
Business Office - Purchasing												
2999	KUNZA, R.	(1)*	4	0	1 48	0	0	1 48	2	33 60	0	35 08
3047	PAUL, G.	(2)	11	16 57	121 65	116 00	0	254 22	9	147 73	0	401 95
Total - Business Office:		(2 cases)	(15)	(16 57)	(123 13)	(116 00)	(0)	(255 70)	(11)	(181 33)	(0)	(437 03)
Nonacademic Personnel												
2998	SMITH, A.M.	(1)	1	0	10 00	0	0	10 00	1	8 24	0	18 24
Total - Nonacademic Personnel: (1 case)		(1)	(1)	(0)	(10 00)	(0)	(0)	(10 00)	(1)	(8 24)	(0)	(18 24)
Dean of Women												
3179	POND, E.	(1 & 2)*	?	0	0	0	0	0	?	?	0	00 00
Total - Dean of Women:		(1 case)	(7)	(0)	(0)	(0)	(0)	(0)	(7)	(7)	(0)	(00 00)
Health Services - McKinley Hospital Operations												
2918	LAVENHAGEN, E.	(3)*	62	303 92	9 00	0	0	312 92	44	--	519 58	832 50

* Case reported previously

... Some amount paid in previous report.

Case pending

? Incomplete information received in reports.

Urban-Champaign
Administration and General (continued)

Schedule 1 (continued)
Page 2

Claim No.	Individual (Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O. D. or Work Comp Cost	Work Days Lost	Univ. Disab. Benefits	Retirement Costs	TOTAL Costs this year
Health Services - McKinley Hospital Operations (continued)												
2926	POEHLER, M.M.	(3)*	12-16-53	--	3 00	0	0	3 00	--	--	--	3 00
3133	BLUKIS, L	(1)	2-20-55	0	2 50	0	0	2 50	0	0	0	2 50
Total - McKinley Hospital Operations:		(3 cases)	(62)	(303 92)	(14 50)	(0)	(0)	(318 42)	(44)	(0)	(519 58)	(838 00)
Total - Health Service		(3 cases)	(62)	(303 92)	(14 50)	(0)	(0)	(318 42)	(44)	(0)	(519 58)	(838 00)
TOTAL - ADMINISTRATION AND												
GENERAL:		(7 cases)	(78)	(320 49)	(147 63)	(116 00)	(0)	(584 12)	(56)	(189 57)	(519 58)	(1293 27)

* Case reported previously.

Case pending

-- Some amount paid in previous report.

? Incomplete information received in reports.

Urbana-Champaign
Liberal Arts and Sciences

Claim No.	Individual (Injury)	Date of Accident	Calendar Days Lost	Comp Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost	Work Days Lost	Univ. Disab Benefits	Retirement Costs	TOTAL Costs this year
Bacteriology												
3099	CHRISTWELL, A.	(12)	11-8-54	0	0	75	0	0	75	0	0	75
S-23	BROTHERS, M.	(3)*	3-23-54	0	0	71 25	0	0	71 25	0	0	71 25
Total - Bacteriology:			(2 cases)	(0)	(0)	(00 75)	(71 25)	(0)	(72 00)	(0)	(0)	(72 00)
Botany												
3090	BLOOM, P.	(7)	12-17-54	0	0	29 50	0	0	29 50	0	0	29 50
3101	BUSER, F. B.	(4)	12-26-54	0	0	1 50	0	0	1 50	0	0	1 50
Total - Botany:			(2 cases)	(0)	(0)	(31 00)	(0)	(31 00)	(0)	(0)	(0)	(31 00)
Chemistry and Chemical Engineering												
3009	BOJARS, N. K.	(11)	3-7-54	0	0	5 00	0	0	5 00	0	0	5 00
3023	HOLMAN, J. L.	(3)	6-19-54	0	0	11 50	0	0	11 50	0	0	11 50
3086	ELS, H.	(3)	12-9-54	0	0	2 50	0	0	2 50	0	0	2 50
3132	ALBRIGHT, R.	(1)	3-5-55	0	0	15 00	0	0	15 00	0	0	15 00
Total - Chemistry and Chemical Engineering:			(4 cases)	(0)	(0)	(34 00)	(0)	(34 00)	(0)	(0)	(0)	(34 00)
Entomology												
3018	SWARTZ, D.	(1)	6-19-54	0	0	36 00	0	0	36 00	0	0	36 00
3136	LEWIS, R. E.	(1)*	3-18-55	10	0	278 05	0	0	278 05	6	?	278 05
Total - Entomology:			(2 cases)	(10)	(0)	(314 05)	(0)	(314 05)	(6)	(0)	(0)	(314 05)

* Case reported previously

Case pending

Some amount paid in previous report

? Incomplete information received in reports.

Urbana-Champaign
Liberal Arts and Sciences (continued)

Claim No.	Individual (Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost	Work Days Lost	Univ. Disab. Benefits	Retirement Costs	TOTAL Costs this year
French												
3092	WALLER, M. S.	(1)	11-16-54	0	0	10 00	0	0	10 00	0	0	10 00
Total - French:												
			(1 case)	(0)	(0)	(10 00)	(0)	(0)	(10 00)	(0)	(0)	(10 00)
Psychology												
3083	BROWN, E.	(2)	11-19-54	0	0	6 00	0	0	6 00	0	0	6 00
Total - Psychology:												
			(1 case)	(0)	(0)	(6 00)	(0)	(0)	(6 00)	(0)	(0)	(6 00)
Speech												
2932	SMITH, R. G.	(2)	1-13-54	0	0	56 75	0	0	56 75	0	0	56 75
Total - Speech:												
			(1 case)	(0)	(0)	(56 75)	(0)	(0)	(56 75)	(0)	(0)	(56 75)
TOTAL - LIBERAL ARTS AND SCIENCES:												
			(13 cases)	(10)	(0)	(452 55)	(71 25)	(0)	(523 80)	(0)	(0)	(523 80)

* Case reported previously

Case pending

Some amount paid in previous report

? Incomplete information received in report

Urbana-Champaign
Agriculture

Claim No.	Individual (Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost	Work Days Lost	Univ. Disab. Benefits	Retirement Costs	TOTAL Costs this year
Agriculture Extension												
3105	HALL, D.M.	(8)	12-29-54	0	0	27 55	0	27 55	0	0	0	27 55
Total - Agricultural Extension:		(1 case)	(0)	(0)	(27 55)	(0)	(0)	(27 55)	(0)	(0)	(0)	(27 55)
Agronomy												
2579	HUTSON, E.R.	(12)*	6-11-51		10 40			10 40				10 40
3030	JACKOBS, J.A.	(1)	7-16-54	0	0	1 50	0	1 50	0	0	0	1 50
3093	DOEMLAND, H.	(1)	12-29-54	0	0	16 00	0	16 00	0	0	0	16 00
3112	MAHAFFEY, A.	(1)	1-27-55	3	0	2 10	0	2 10	6/8	9 30	0	11 40
3129	HATCHETT, A.H.	(2)	1-5-55	0	0	8 50	0	8 50	0	0	0	8 50
3134	HITTLE, C.	(4)	3-13-55	0	0	1 15	0	1 15	0	0	0	1 15
3164	HITTLE, C.	(2)	3-10-55	0	0	8 50	0	8 50	0	0	0	8 50
3182	GAMMILL, R.	(1)	6-9-55	0	0	5 00	0	5 00	0	0	0	5 00
Total - Agronomy:		(8 cases)	(3)	(0)	(53 15)	(0)	(0)	(53 15)	(6/8)	(9 30)	(0)	(53 15)
Animal Science												
2946	LASSITER, J.	(1)*	3-5-54	0	0	--	243 20	243 20	0	0	0	243 20
3042	ANDERS, C.H.	(3)	9-2-54	6	0	11 00	0	11 00	3 1/2	41 02	0	52 02
3049	VADOPALAITÉ, I.D.	(3)	6-23-54	0	0	1 25	0	1 25	0	0	0	1 25

* Case reported previously.

Case pending.

-- Some amount paid in previous report.

? Incomplete information received in reports.

Urbana-Champaign
Agriculture (continued)

Claim No.	Individual (Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost	Work Days Lost	Univ. Disab. Benefits	Retirement Costs	TOTAL Costs this year
Animal Science (continued)												
3056	MAJORS, W.A.	(2)	10-14-54	4 1/2	0	28 00	0	28 00	2 1/2	21 18	0	49 18
3076	LEWIS, E.	(2)#	11-1-54	0	0	17 00	0	17 00	0	0	0	17 00
3082	MUNDS, R.L.	(2)	10-28-54	1	0	10 00	0	10 00	0	0	0	10 00
3110	MITSDARFER, J.	(2)	1 12-55	0	0	10 00	0	10 00	0	0	0	10 00
3161	COON, M.	(5)	4-18-55	0	0	24 00	0	24 00	0	0	0	24 00
3184	POTTS, A.	(2)#	6-6-55	6	0	0	0	0	4	?	0	00 00
Total - Animal Science:					(9 cases)	(101 25)	(243 20)	(344 45)	(10)	(62 20)	(0)	(406 65)
Dairy Science												
2310	GREATHOUSE, L.	(2)*	5-6-53	0	0	800 00	0	800 00	0	0	0	800 00
2771	SPITZ, C.	(2)*	9-19-52	0	0	35 00	25 95	921 58	0	0	0	921 58
2861	MENACHER, H.	(2)*	7-24-53	53	223 71	330 85	652 50	1207 06	44	241 24	0	1448 30
3004	RASMUSSEN, O.	(1)	6-15-54	0	0	10 00	0	10 00	0	0	0	10 00
3015	HERTLEIN, B.	(3)	7-6-54	0	0	11 00	0	11 00	0	0	0	11 00
3022	GREATHOUSE, L.	(11)*	11-53	32	132 57	25 00	0	157 57	?	?	?	157 57
3027	SEILER, F.	(5)	8-10-54	0	0	75	0	75	0	0	0	75
3065	WILHOIT, M.W.	(2)	9-16-54	7	0	6 50	0	6 50	5	0	0	6 50
Total - Dairy Science:					(8 cases)	(419 10)	(2313 13)	(3114 46)	(49)	(241 24)	(0)	(3355 70)

* Case reported previously.

-- Some amount paid in previous report.

? Incomplete information received in reports.

Urbana-Champaign
Agriculture (continued)

Claim No.	Individual (Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost	Work Days Lost	Univ. Disab. Benefits	Retirement Costs	TOTAL Costs this year
Dixon Springs												
2816	ROBINSON, M.	(6)* 10-14-52	--	--	--	60 10	--	60 10	--	--	--	60 10
3003	MAYNOR, L.	(1) 6-21-54	1	0	10 00	0	0	10 00	1	9 60	0	19 60
Total - Dixon Springs:		(2 cases)	(1)	(0)	(10 00)	(60 10)	(0)	(70 10)	(1)	(9 60)	(0)	(79 70)
Horticulture												
3014	STRADER, E.B.	(3)# 7-22-54	39	157 43	173 09	1255 30*	0	1585 82	28 1/2	377 37	0	1963 19
3020	HARRIS, V.	(12)# 7-23-54	44	191 09	246 95	0	0	438 04	27	171 79	0	609 83
3035	KESLER, V.	(11)# 8-13-54	61	252 71	168 20	0	0	420 91	43	352 73	0	773 64
3043	STASZAK, W.	(2) 7-21-54	0	0	5 00	0	0	5 00	0	0	0	5 00
3175	CRAWFORD, L.	(1) 5-27-55	0	0	6 00	0	0	6 00	0	0	0	6 00
Total - Horticulture:		(5 cases)	(144)	(601 23)	(599 24)	(1255 30)*	(0)	(2455 77)	(98 1/2)	(901 89)	(0)	(3357 66)
Robert Allerton Park												
2928	BUCKINGHAM, M.	(2)* 12-7-53	0	0	45 75	0	0	45 75	0	0	0	45 75
3001	FREEMUTH, J.L.	(1) 6-16-54	0	0	8 00	0	0	8 00	0	0	0	8 00
3002	GADBURY, C.A.	(5) 6-28-54	0	0	6 00	0	0	6 00	0	0	0	6 00
3069	GADBURY, C.A.	(2) 11-9-54	0	0	10 00	0	0	10 00	0	0	0	10 00

*Case reported previously.

Case pending

Some amount paid in previous report

? Incomplete information received in reports

*Monthly payments on Final Settlement

Urbana-Champaign
Agriculture (continued)

Claim No.	Individual (Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost	Work Days Lost	Univ. Disab. Benefits	Retirement Costs	TOTAL Costs this year
Robert Allerton Park (continued)												
3079	GADBURY, C.A.	(4)	9-16-54	0	0	3 00	0	0	0	0	0	3 00
3123	ROOT, F.	(5)	2-22-55	0	0	8 00	0	0	0	0	0	8 00
3130	BUCKINGHAM, M.	(5)	2-15-55	0	0	14 00	0	0	0	0	0	14 00
3143	ROGERS, J.G.	(1)	3-30-55	0	0	10 00	0	0	0	0	0	10 00
3160	GADBURY, C.A.	(1)	4-15-55	0	0	6 00	0	0	0	0	0	6 00
3183	ISON, E.	(9)*	5-24-55	0	0	0	0	0	0	0	0	00 00
Total - Robert Allerton Park:												
		(10 cases)	(0)	(0)	(0)	(110 75)	(0)	(0)	(0)	(0)	(0)	(110 75)
TOTAL - AGRICULTURE:												
		(43 cases)	(257 1/2)	(957 51)	(1321 04)	(3871 73)	(25 95)	(6176 23)	(159 6/8)	(1224 23)	(0)	(7400 46)

* Case reported previously. # Case pending - Some amount paid in previous report. ? Incomplete information received in reports.

Urbana-Champaign
Engineering

Claim No.	Individual (Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost	Work Days Lost	Univ. Disab. Benefits	Retirement Costs	TOTAL Costs this year	
Engineering Administration													
3169	DENT, B.	(2)#	5-6-55	9	8 29	152 45	0	0	160 74	7	120 58	0	281 32
Total - Engineering Administration:													
		(1 case)	(9)	(8 29)	(152 45)	(0)	(0)	(160 74)	(7)	(120 58)	(0)	(281 32)	
Ceramic Engineering													
3167	KMAK, W.C.	(3)#	5-12-55	0	0	0	0	0	0	0	0	00 00	
Total - Ceramic Engineering:													
		(1 case)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(00 00)	
Civil Engineering													
3034	RYMER, G.E.	(2)	8-27-54	9	8 68	112 70	0	0	121 38	6	87 80	0	209 18
3039	MASSARD, J.M.	(1)	9-13-54	0	0	1 50	0	0	1 50	0	0	0	1 50
3048	METZ, R.D.	(5)	9-29-54	0	0	10 00	0	0	10 00	0	0	0	10 00
3166	BRYANT, H.E.	(5)	4-18-55	0	0	5 00	0	0	5 00	0	0	0	5 00
Total - Civil Engineering:													
		(4 cases)	(9)	(8 68)	(129 20)	(0)	(0)	(137 88)	(6)	(87 80)	(0)	(225 68)	
Electrical Engineering													
3044	WHITE, L.D.	(5)	9-15-54	0	0	2 95	0	0	2 95	0	0	0	2 95
3077	WHITE, L.D.	(1)#	11-9-54	34	140 86	49 55	0	0	190 41	22	154 14	0	344 55

* Case reported previously

--- Some amount paid in previous report.

Case pending

? Incomplete information received in reports.

Urbana-Champaign
Engineering (continued)

Claim No.	Individual (Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost	Work Days Lost	Univ. Disab. Benefits	Retirement Costs	TOTAL Costs this year
Electrical Engineering (continued)												
3104	WHITE, L.D.	(1)	3-4-54	0	0	72 50	0	72 50	0	0	0	72 50
3141	BAUERLE, J.F.	(2)	3-18-55	0	10 00	0	0	10 00	0	0	0	10 00
Total - Electrical Engineering:		(4 cases)	(34)	(140 86)	(62 50)	(72 50)	(0)	(275 86)	(22)	(154 14)	(0)	(430 00)
Mechanical Engineering												
3177	MORFEY, W.	(5)*	5-31-55	1	0	0	0	0	1	?	0	00 00
Total - Mechanical Engineering:		(1 case)	(1)	(0)	(0)	(0)	(0)	(0)	(1)	(?)	(0)	(00 00)
Mining and Metallurgical Engineering												
2953	DOO, V.Y.	(1)*	3-12-54	0	10 00	50 75	0	60 75	0	0	0	60 75
3089	O'CONNOR, F.B.	(5)	12-31-54	0	10 00	0	0	10 00	0	0	0	10 00
3096	LIEBERMAN, D.	(2)	12-17-54	0	28 40	0	0	28 40	0	0	0	28 40
Total - Mining and Metallurgical Engineering:		(3 cases)	(0)	(0)	(48 40)	(50 75)	(0)	(99 15)	(0)	(0)	(0)	(99 15)
Physics												
2059	SMITH, L.	(12)*	'42-'45	0	--	0	0	--	0	0	0	00 00
2217	KRUGER, P.G.	(12)*	'43-'44	--	--	0	0	--	--	?	--	00 00

* Case reported previously.

Case pending.

-- Some amount paid in previous report.

? Incomplete information received in reports.

Urbana-Champaign
Engineering (continued)

Claim No.	Individual (Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost	Work Days Lost	Univ. Disab. Benefits	Retirement Costs	TOTAL Costs this year
Physics (continued)												
2437	GROETZINGER, G. (12)*#	'43-'44				0	0			?		00 00
2995	WHEATLEY, J.C. (2)*	1-26-54	0	0	20 50	0	0	20 50	0	0	0	20 50
3011	NOGGLE, T. (3)	7-11-54	0	0	10 50	0	0	10 50	0	0	0	10 50
3095	KREISMANIS, M.V. (2)	12-29-54	0	0	40 85	121 60	0	162 45	0	0	0	162 45
3144	YAMAGATA, T. (1&2)#	2-8-55	0	0	10 00	0	0	10 00	0	0	0	10 00
3146	BERNARDINI, G. (12)#	4-1-55	0	0	0	0	0	0	0	0	0	00 00
3153	YAMAGATA, T. (12)#	4-1-55	0	0	0	0	0	0	0	0	0	00 00
Total - Physics:			(0)	(0)	(81 85)	(121 60)	(0)	(203 45)	(0)	(0)	(0)	(203 45)
Control Systems Laboratory												
3008	ZACKERY, R.L. (3)	7-15-54	0	0	12 15	0	0	12 15	0	0	0	12 15
Total - Control Systems Laboratory:			(0)	(0)	(12 15)	(0)	(0)	(12 15)	(0)	(0)	(0)	(12 15)
TOTAL - ENGINEERING:			(53)	(157 83)	(486 55)	(244 85)	(0)	(889 23)	(36)	(362 52)	(0)	(1251 75)

* Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

Urbana-Champaign
Education

Claim No.	Individual (Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost	Work Days Lost	Univ. Disab. Benefits	Retirement Costs	TOTAL Costs this year
University High School												
3106	SOUDER, M.A.	(2)	1-5-55	0	0	10 00	0	10 00	0	0	0	10 00
Total - University High School:												
		(1 case)	(0)	(0)	(0)	(10 00)	(0)	(10 00)	(0)	(0)	(0)	(10 00)
TOTAL - EDUCATION:												
		(1 case)	(0)	(0)	(0)	(10 00)	(0)	(10 00)	(0)	(0)	(0)	(10 00)

* Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

Urbana-Champaign
Veterinary Medicine

Claim No.	Individual	(Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost	Work Days Lost	Univ. Disab. Benefits	Retirement Costs	TOTAL Costs this year
3036	TAYLOR, G.	(12)	8-11-54	0	0	3 00	0	0	3 00	0	0	0	3 00
3176	DEANY, B.	(1)*	6-4-55	0	0	0	0	0	0	0	0	0	0 00
TOTAL - VETERINARY MEDICINE:													
			(2 cases)	(0)	(0)	(3 00)	(0)	(0)	(3 00)	(0)	(0)	(0)	(3 00)

* Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

Urbana Campaign
Communications

Claim No.	Individual (Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost	Work Days Lost	Univ. Disab. Benefits	Retirement Costs	TOTAL Costs this year	
University Press													
2952	EDWARDS, R.E.	(2) ^m	3-15-54	15	29 00	264 95	0	0	293 95	11	88 50	0	382 45
Total - University Press:													
		(1 case)	(15)	(29 00)	(264 95)	(0)	(0)	(293 95)	(11)	(88 50)	(0)	(382 45)	
University Press - Print Shop													
2968	REED, B.L.	(1) ^p	2-17-54	359	1487 28	120 00	0	0	1607 28	246	...	756 72	2364 00
Total - University Press - Print Shop:													
		(1 case)	(359)	(1487 28)	(120 00)	(0)	(0)	(1607 28)	(246)	(0)	(756 72)	(2364 00)	
TOTAL - COMMUNICATIONS:													
		(2 cases)	(374)	(1516 28)	(384 95)	(0)	(0)	(1901 23)	(257)	(88 50)	(756 72)	(2746 45)	

^m Case reported previously. # Case pending -- Some amount paid in previous report ? Incomplete information received in reports.

Urbana-Champaign
Division of University Extension

Schedule 1 (continued)
Page 16

Claim No.	Individual (Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost	Work Days Lost	Univ. Disab. Benefits	Retirement Costs	TOTAL Costs this year
Music Extension												
3137	RICHARDSON, T.S. (2)	2-1-55	0	0	21 50	0	0	21 50	0	0	0	21 50
Total - Music Extension:		(1 case)	(0)	(0)	(21 50)	(0)	(0)	(21 50)	(0)	(0)	(0)	(21 50)
Robert Allerton House												
3075	LIESTMAN, C. (1)	11-17-54	4	0	12 00	0	0	12 00	2	16 48	0	28 48
3149	HAYES, Mrs. E. (1)	4-1-55	0	0	3 00	0	0	3 00	0	0	0	3 00
3111	ALLISON, E. (1)#	10-15-54	0	0	48 75	0	0	48 75	0	0	0	48 75
Total - Robert Allerton House:		(3 cases)	(4)	(0)	(63 75)	(0)	(0)	(63 75)	(2)	(16 48)	(0)	(80 23)
Testing and Counseling												
2774	CARTER, G. (1&2)*	12-2-52	--	0	10 00	0	0	10 00	--	0	0	10 00
Total - Testing and Counseling:		(1 case)	(--)	(0)	(10 00)	(0)	(0)	(10 00)	(--)	(0)	(0)	(10 00)
TOTAL - UNIVERSITY EXTENSION:		(5 cases)	(4)	(0)	(95 25)	(0)	(0)	(95 25)	(2)	(16 48)	(0)	(111 73)

* Case reported previously.

-- Some amount paid in previous report.

Case pending

? Incomplete information received in reports.

Urbana Campaign
Institute of Aviation

Claim No.	Individual	(Injury)	Date of Accident	Calendar Days Lost	Camp Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost	Work Days Lost	Univ. Disab. Benefits	Retirement Costs	TOTAL Costs this year
Airport													
3091	ECKSTEIN, P.J.	(5)	12-14-54	1	0	11 00	0	0	11 00	1	16 80	0	27 80
3113	TRULOCK, W.D.	(1)	2-2-55	0	0	1 75	0	0	1 75	0	0	0	1 75
3171	CARLSON, C.L.	(2)#	5-20-55	0	0	0	0	0	0	0	0	0	00 00
Total - Airport:			(3 cases)	(1)	(0)	(12 75)	(0)	(0)	(12 75)	(1)	(16 80)	(0)	(29 55)
TOTAL - INSTITUTE OF AVIATION:													
			(3 cases)	(1)	(0)	(12 75)	(0)	(0)	(12 75)	(1)	(16 80)	(0)	(29 55)

Case reported previously.

Case pending

... Some amount paid in previous report.

? Incomplete information received in reports.

Claim No.	Individual	(Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost	Work Days Lost	Univ. Disab. Benefits	Retirement Costs	TOTAL Costs this year
3055	McLAUGHLIN, L. S.	(2)	10-15-54	16	0	117 70	0	0	117 70	11	176 99	0	294 69
3060	LOHRER, A.	(1)	9-21-54	0	0	34 00	0	0	34 00	0	0	0	34 00
3145	SMITH, E.	(2)	2-1-55	?	0	0	0	0	0	?	0	0	00 00
TOTAL - LIBRARY:													
			(3 cases)	(16)	(0)	(151 70)	(0)	(0)	(151 70)	(11)	(176 99)	(0)	(328 69)

* Case reported previously

-- Some amount paid in previous report.

Case pending.

? Incomplete information received in reports

Urbana-Champaign
Physical Plant

Claim No.	Individual	(Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost	Work Days Lost	Univ. Disab. Benefits	Retirement Costs	TOTAL Costs this year
1391	TRINKLE, W.E.	(1&2) *	9-27-45	--	--	--	--	--	--	--	--	0	00 00
2778	RIGGINS, W.C.	(2) *	12-20-52	9	32 78	311 71	3879 38	--	4223 87	8	132 93	--	4356 80
2825	LEWIS, G.L.	(2) *	4-9-53	20	61 94	--	0	0	61 94	10	87 03	--	148 97
2909	BROWNFIELD, B.	(2) *	12-23-53	--	--	12 50	652 50	0	665 00	--	--	0	665 00
2910	JARRETT, R.H.	(2) *	3-31-54	1	4 34	22 75	0	0	27 09	1	11 06	0	38 15
2915	GUMBEL, R.	(2) *	12-30-53	--	0	21 50	0	0	21 50	--	--	0	21 50
2920	OAKS, A.L.	(1) *	1-27-54	--	--	--	116 00	--	116 00	--	--	--	116 00
2939	DOYLE, F.P.	(9) *	9-50	0	0	9 00	0	0	9 00	0	0	0	9 00
2940	MAXWELL, L.C.	(2) *	1-26-54	0	0	21 00	0	0	21 00	0	0	0	21 00
2941	CORSON, M.C.	(3) *	2-26-54	25	74 57	400 80	0	0	475 37	14	125 62	0	600 99
2958	KNOWLES, M.	(2) *	3-23-54	--	--	--	87 00	--	87 00	--	--	--	87 00
2961	CASTEEL, E.W.	(2) *	4-2-54	0	0	0	72 50	0	72 50	0	0	0	72 50
2986	SHORT, D.P.	(2)	5-11-54	10	14 66	28 00	0	0	42 66	8	62 34	0	105 00
2990	HILL, D.	(2) *	5-18-54	--	--	78 75	0	0	78 75	--	--	0	78 75
2997	SMITH, F.	(1) *	6-2-54	27	82 86	178 25	0	0	261 11	18	350 58	0	611 69
3000	BRODERICK, R.J.	(2) *	6-16-54	5	0	16 50	0	0	16 50	3	46 20	0	62 70
3005	WESTON, D.J.	(2) #	6-17-54	366	1516 29	415 60	0	0	1931 89	262	992 37	1128 28	4052 54
3006	WAGNER, E.	(3)	7-8-54	2	0	3 75	0	0	3 75	2	35 52	0	39 27
3007	WILSON, R.K.	(5)	7-9-54	0	0	12 00	0	0	12 00	0	0	0	12 00

* Case reported previously

Case pending

Some amount paid in previous report

? Incomplete information received in reports.

Urbana-Champaign
Physical Plant (continued)

Claim No.	Individual	(Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost	Work Days Lost	Univ. Disab. Benefits	Retirement Costs	TOTAL Costs this year
3013	CLARK, K	(2)	7-15-54	4	0	2 70	0	0	2 70	2	22 57	0	25 27
3024	EASTON, B.E.	(12)	8-2-54	0	0	1 10	0	0	1 10	0	0	0	1 10
3025	WRIGHT, W.W.	(1)	7-16-54	2½	0	0	0	0	0	2½	56 00	0	56 00
3026	EDWARDS, K.J.	(12)	8-10-54	1½	0	15 00	0	0	15 00	1½	24 36	0	39 36
3029	PITCHFORD, A.	(2)	7-20-54	0	0	47 00	0	0	47 00	0	0	0	47 00
3031	CASEY, E.W.	(2)	8-17-54	½	0	45 85	0	0	45 85	½	7 80	0	53 65
3045	STUTZ, D.	(4)	9-14-54	0	0	1 50	0	0	1 50	0	0	0	1 50
3050	ALLEN, J.	(5)	10-7-54	0	0	19 00	0	0	19 00	0	0	0	19 00
3058	DOANE, F.W.	(1)†	10-15-54	43	178 14	64 55	0	0	242 69	30	0	0	242 69
3059	LEWIS, G.L.	(2)	10-20-54	25	74 57	161 72	0	0	236 29	3 1/8	70 00	0	306 29
3062	HALBERSTADT, D.	(5)	10-21-54	2	0	15 05	0	0	15 05	½	11 50	0	26 55
3067	PARKS, F.A.	(4)	11-8-54	0	0	95	0	0	95	0	0	0	00 95
3071	WARD, B.	(4)	11-10-54	0	0	1 50	0	0	1 50	0	0	0	1 50
3074	JESSUP, R.G.	(9)	9-16-54 & 11-11-54	21	65 14	289 50	0	0	354 64	15	31 87	0	386 51
3078	CLINE, M.I.	(2)	11-15-54	0	0	19 00	0	0	19 00	0	0	0	19 00
3084	CORSON, M.C.	(2)	11-5-54	0	0	32 00	0	0	32 00	0	0	0	32 00
3094	MINEAR, C.E.	(2)	10-11-54	2	0	15 00	0	0	15 00	2	56 00	0	71 00
3108	CLARK, T.	(12)	1-18-55	0	0	8 50	0	0	8 50	0	0	0	8 50
3115	JARRETT, R.	(2)†	2-1-55	5	0	8 00	0	0	8 00	3	46 20	0	54 20

Case reported previously.

† Case pending.

-- Some amount paid in previous report.

? Incomplete information received in reports.

Urbana-Champaign
Physical Plant (continued)

Claim No.	Individual	(Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost	Work Days Lost	Univ. Disab. Benefits	Retirement Costs	TOTAL Costs this year
3117	GRAVES, B.	(2)*	2-11-55	18	45 57	25 50	0	0	71 07	12	149 31	0	220 38
3118	MILLAGE, E.	(1)	2-11-55	0	0	4 00	0	0	4 00	0	0	0	4 00
3121	McDANIEL, A.	(5)	2-23-55	0	0	5 00	0	0	5 00	0	0	0	5 00
3127	ROOSEVELT, F.	(2)	3-2-55	0	0	10 00	0	0	10 00	0	0	0	10 00
3128	RAY, E.C.	(1)*	2-18-55	13	24 86	0	0	0	24 86	10	131 84	0	156 70
3131	TURCOTT, L.L.	(1)	3-16-55	0	0	8 50	0	0	8 50	0	0	0	8 50
3138	CARRIER, J.D.	(1)	3-11-55	0	0	8 50	0	0	8 50	0	0	0	8 50
3140	GUNDLOCK, R.	(3)	2-28-55	12	20 71	0	0	0	20 71	8½	189 29	0	210 00
3142	MERCER, A.E.	(4)	4-1-55	0	0	5 65	0	0	5 65	0	0	0	5 65
3148	GRIFFITH, B.	(1)	4-7-55	0	0	8 50	0	0	8 50	0	0	0	8 50
3152	CONERTY, J.H.	(5)	4-6-55	0	0	5 00	0	0	5 00	0	0	0	5 00
3154	CARTER, J.L.	(2)	3-31-55	11	20 71	0	0	0	20 71	7	89 89	0	110 60
3155	PANNBACKER, G.	(5)	3-30-55	1	0	0	0	0	0	1	17 72	0	17 72
3156	MAXWELL, L.	(2)	4-8-55	14	0	0	0	0	0	10	11 80	0	11 80
3157	NANCE, D.	(2)*	4-18-55	5	0	30 00	0	0	30 00	3	64 20	0	94 20
3158	MENGES, L.	(2)*	4-4-55	0	0	10 00	0	0	10 00	0	0	0	10 00
3162	BAKER, W.	(2)	9-2-52	0	0	20 00	0	0	20 00	0	0	0	20 00
3163	MAGNUSON, E.	(12)	4-19-55	0	0	4 50	0	0	4 50	0	0	0	4 50

* Case reported previously.

Case pending.

-- Some amount paid in previous report.

? Incomplete information received in reports.

Urbana-Champaign
Physical Plant (continued)

Schedule 1 (continued)
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Claim No.	Individual	(Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost	Work Days Lost	Univ. Disab. Benefits	Retirement Costs	TOTAL Costs this year
3170	SCHMIDT, E.F.	(9)#	4-27-55	0	0	0	0	0	0	0	0	0	0
3174	VON BRANDT, G.E.	(2)#	6-2-55	0	0	9 00	0	0	9 00	0	0	0	9 00
3180	CARTER, J.L.	(12)#	unknown	0	0	62 50	0	0	62 50	0	0	0	62 50
3181	PARKER, H.M.	(9)#	6-2-55	0	0	0	0	0	0	0	0	0	0
3186	IRVINE, W.	(2)#	6-4-55	0	0	8 50	0	0	8 50	0	0	0	8 50
TOTAL - PHYSICAL PLANT:			(61 cases)	(645½)	(2217 14)	(2505 18)	(4807 38)	(0)	(9529 70)	(437 7/8)	(2824 00)	(1128 28)	(13481 98)

* Case reported previously.

Case pending.

-- Some amount paid in previous report.

? Incomplete information received in reports.

Urbana-Champaign
Physical Plant - Auxiliary Enterprises

Claim No.	Individual	(Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost	Work Days Lost	Univ. Disab. Benefits	Retirement Costs	TOTAL Costs this year
Illini Union													
2714	TASH, V.	(2)*	5-23-52	--	--	--	--	--	--	--	--	--	00 00
2965	CAMPBELL, N.E.	(1)*	4-5-54	--	--	165 90	0	0	165 90	--	--	0	165 90
2977-S	GOLDEN, J.S.	(1)*	4-14-54	?	0	8 00	0	0	8 00	?	0	0	8 00
3053	DAVIS, G.B.	(3)	9-23-54	10	6 10	1 50	0	0	7 60	10	0	0	7 60
3081	AKER, J.D.	(5)	11-22-54	4	0	11 50	0	0	11 50	2	20 80	0	32 30
3107	MARSHALL, J.	(1)	1-3-55	2	0	11 00	0	0	11 00	1	9 24	0	20 24
3109	SHAFFER, A.P.	(3)	1-25-55	4	0	1 45	0	0	1 45	3 1/8	28 38	0	29 83
3114	JANSEN, M.T.	(6)	1-24-55	0	0	1 00	0	0	1 00	0	0	0	1 00
3139	KURLAKOWSKY, W.	(1)	3-11-55	0	0	1 50	0	0	1 50	0	0	0	1 50
3150	ADAMS, C.	(1)	4-5-55	0	0	2 48	0	0	2 48	0	0	0	2 48
3178	GILBERT, G.	(2)	5-24-55	0	0	4 00	0	0	4 00	0	0	0	4 00
TOTAL - ILLINI UNION:			(11 cases)	(20)	(6 10)	(208 33)	(0)	(0)	(214 43)	(16 1/8)	(158 42)	(0)	(372 85)
Housing Division													
2429	SMITH, H.	(2)*	3-24-53	--	--	--	0	0	--	--	--	--	00 00
2850	BOLINGER, O.K.	(2)*	4-15-54	29 6/8	120 14	6 50	0	0	126 64	18 6/8	--	0	126 64
2890	TAYLOR, C.	(11)*	2-19-54	--	--	2 30	--	--	2 30	--	--	0	2 30
2956	BROWN, C.W.	(1)*	3-22-54	--	--	185 85	342 00	0	527 85	--	--	0	527 85
2994	FOGEL, L.D.	(5)*	5-19-54	0	0	6 00	0	0	6 00	0	0	0	6 00

*Case reported previously.

-- Some amount paid in previous report.

? Incomplete information received in reports.

Urbana-Champaign
Physical Plant - Auxiliary Enterprises (continued)

Claim No	Individual (Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost	Work Days Lost	Univ Disab. Benefits	Retirement Costs	TOTAL Costs this year
Housing Division (continued)												
3016	WEATHERSPOON, A.	(2)	5-18-54	19	58 63	115 55	0	174 18	11	68 09	0	242 27
3041	JACKSON, S.	(1)	8-26-54	10	12 43	14 00	0	26 43	7	9 17	0	35 60
3054	JACKSON, A.	(2)*	8-14-53 & 8-11-54	13	24 86	269 95	0	294 81	10	84 34	0	379 15
3063	TAYLOR, C.H.	(4)	10-14-54	0	0	3 20	0	3 20	0	0	0	3 20
3066	HAUCK, R.E.	(2)	10-13-54	0	0	6 00	0	6 00	0	0	0	6 00
3068	DUNN, M.E.	(2)	8-23-54	0	0	37 50	0	37 50	0	0	0	37 50
3073	MOWELL, R.	(1)	10-28-54	0	0	10 00	0	10 00	0	0	0	10 00
3085	GILMORE, G.R.	(2)*	12-7-54	0	0	15 41	0	15 41	0	0	0	15 41
3088	HARDIN, A.	(1)	12-11-54	2	0	6 00	0	6 00	3/8	3 75	0	9 75
3097	DIETRICH, F.	(2)	11-18-54	13	24 86	0	0	24 86	7 1/2	90 64	0	115 50
3103	REED, F.	(1)	11-8-54	0	0	0	0	0	0	0	0	00 00
3119	COSTLEY, L.	(3)	1-17-55	0	0	0	0	0	0	0	0	00 00
3120	CAIN, L.	(1)	2-21-55	20	53 86	13 00	0	66 86	13	51 52	0	118 38
3122	BROWN, C.W.	(5)	2-5-55	0	0	14 50	0	14 50	0	0	0	14 50
3125	DAUKSAVAGE, A.	(12)*	2-24-55	0	0	8 00	0	8 00	0	0	0	8 00
3165	MOORE, W.C.	(2)	5-6-55	0	0	1 38	0	1 38	0	0	0	1 38
TOTAL - HOUSING DIVISION:												
			(21 cases)	(106 6/8)	(294 78)	(715 14)	(342 00)	(1351 92)	(67 5/8)	(307 51)	(0)	(1659 43)
TOTAL - URBANA-CHAMPAIGN:												
			(197 cases)	(1565 6/8)	(5470 13)	(6506 57)	(9453 21)	(25 95)	(21 455 86)	(1042 3/8)	(2404 58)	(29 225 46)

*Case reported previously.

Case pending.

--- Some amount paid in previous report.

? Incomplete information received in reports.

CHICAGO UNDERGRADUATE DIVISION

Schedule 1 (continued)
Page 25

Claim No.	Individual	(Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost	Work Days Lost	Univ. Disab. Benefits	Retirement Costs	TOTAL Costs this year
C-223	O'NEIL, J.P.	(1&2)*	11-9-54	0	0	125 00	0	0	125 00	0	0	0	125 00
TOTAL - HEALTH SERVICE:													
			(1 case)	(0)	(0)	(125 00)	(0)	(0)	(125 00)	(0)	(0)	(0)	(125 00)

* Case reported previously.

- - Some amount paid in previous report

? Incomplete information received in reports.

Chicago Undergraduate Division
Engineering

Claim No.	Individual (Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost	Work Days Lost	Univ. Disab. Benefits	Retirement Costs	TOTAL Costs this year
C-203	SWIET, J.A.	(1)* #	5-4-54	29	120 14	200 00	0	320 14	20	49 65	0	369 79
Total - Engineering Sciences:												
(1 case)												
(120 14)												
(200 00)												
(0)												
(320 14)												
(20)												
(49 65)												
(0)												
(369 79)												
TOTAL - ENGINEERING												
(1 case)												
(120 14)												
(200 00)												
(0)												
(320 14)												
(20)												
(49 65)												
(0)												
(369 79)												

* Case reported previously.

Case pending.

-- Some amount paid in previous report.

? Incomplete information received in reports.

Chicago Undergraduate Division
Library

Claim No.	Individual	(Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost	Work Days Lost	Univ. Disab. Benefits	Retirement Costs	TOTAL Costs this year
C-193	BEDROSIAN, A.	(2)*	12-28-53	--	0	--	500 00	0	500 00	--	--	0	500 00
C-211	BEDROSIAN, A.	(1)	8-23-54	2½	0	60 00	0	0	60 00	2½	28 68	0	88 68
TOTAL - LIBRARY:			(2 cases)	(2½)	(0)	(60 00)	(500 00)	(0)	(560 00)	(2½)	(28 68)	(0)	(588 68)

*Case reported previously.

Case pending.

-- Some amount paid in previous report.

? Incomplete information received in reports.

Chicago Undergraduate Division
Physical Plant

Claim No.	Individual	(Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost	Work Days Lost	Univ. Disab. Benefits	Retirement Costs	TOTAL Costs this year
C-187	LADENDORF, W.	(2)*	9-2-53	--	0	160 00	1925 33	0	2085 33	--	--	0	2085 33
C-199	HINES, H.	(1)*	2-18-54	--	--	5 00	1015 00	0	1020 00	--	--	0	1020 00
C-208	WARD, R.	(3)	6-4-54	0	0	4 00	0	0	4 00	0	0	0	4 00
C-212	LADENDORF, W.	(1)#	8-12-54	0	0	0	0	0	0	0	0	0	00 00
C-219	ZIEBEL, T.S.	(12)#	8-17-54	21	68 40	369 60	0	0	438 00	15	222 60	0	660 60
C-230	SHATTUCK, R.C.	(2)#	1-4-55	27	82 86	10 00	0	0	92 86	19	403 20	0	496 06
C-237	ZIEBEL, T.S.	(6)	4-14-55	0	0	4 00	0	0	4 00	0	0	0	4 00
C-238	JENSEN, R.E.	(4)	5-4-55	3 ½ hrs.	0	10 50	0	0	10 50	3 ½ hrs.	?	0	10 50
C-241	MASA, T.	(1)	5-9-55	2 ½ hrs.	0	45 00	0	0	45 00	2 ½ hrs.	?	0	45 00
TOTAL - PHYSICAL PLANT:			(9 cases)	(48 6/8)	(151 26)	(608 10)	(2940 33)	(0)	(3699 69)	(34 6/8)	(625 80)	(0)	(4325 49)

* Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

Chicago Undergraduate Division
Physical Plant - Auxiliary Enterprises

Claim No	Individual (Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost	Work Days Lost	Univ. Disab. Benefits	Retirement Costs	TOTAL Costs this year
Illini Union (Food Service)												
C-229	BELL, A.	(2)	12-21-54	12	20 71	0	0	20 71	8	59 29	0	80 00
TOTAL - ILLINI UNION (Food Service):												
		(1 case)	(12)	(20 71)	(0)	(0)	(0)	(20 71)	(8)	(59 29)	(0)	(80 00)
TOTAL - CHICAGO UNDER- GRADUATE DIVISION:												
		(14 cases)	(92 2/8)	(292 11)	(993 10)	(3440 33)	(0)	(4725 54)	(65 2/8)	(763 42)	(0)	(5488 96)

* Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

CHICAGO PROFESSIONAL COLLEGES

Chicago Professional Colleges
Administration & General

Claim No.	Individual (Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost	Work Days Lost	Univ. Disab. Benefits	Retirement Costs	TOTAL Costs this year
Business Office												
C-216	HOWE, F.	(2)	9-7-54	26	78 71	24 00	0	102 71	18	155 01	0	257 72
Total - Business Office:												
		(1 case)	(26)	(78 71)	(24 00)	(0)	(0)	(102 71)	(18)	(155 01)	(0)	(257 72)
TOTAL - ADMINISTRATION & GENERAL:												
		(1 case)	(26)	(78 71)	(24 00)	(0)	(0)	(102 71)	(18)	(155 01)	(0)	(257 72)

* Case reported previously.

Case pending.

-- Some amount paid in previous report.

? Incomplete information received in reports.

Chicago Professional Colleges
Research & Educational Hospitals

Claim No.	Individual (Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost	Work Days Lost	Univ. Disab. Benefits	Retirement Costs	TOTAL Costs this year
R and E Dietary												
C-233	THOMPSON, I.	(2)	1-25-55	68 ½	281 71	0	0	281 71	49 ½	0	0	281 71
Total - R and E Dietary:												
		(1 case)	(68 ½)	(281 71)	(0)	(0)	(0)	(281 71)	(49 ½)	(0)	(0)	(281 71)
Department of Physical Medicine & Rehabilitation												
C-234	VAN BREE, B.	(12)	2-17-55	17	41 43	0	0	41 43	11	52 72	0	94 15
Total - Department of Physical Medicine & Rehabilitation:												
		(1 case)	(17)	(41 43)	(0)	(0)	(0)	(41 43)	(11)	(52 72)	(0)	(94 15)
Nursing												
C-218	LOESCH, C.	(2)	8-27-54	20	53 86	13 77	0	67 63	15	188 19	0	255 82
C-220	QUAN, J.	(2) #	9-9-54	79	331 43	0	0	331 43	56	339 25	0	670 68
C-240	LONG, L.	(2)	3-29-55	0	0	00 45	0	00 45	0	0	0	00 45
C-244	MURPHY, M. J.	(12) #	4-27-55	4	0	0	0	0	2	26 67	0	26 67
Total- Nursing:												
		(4 cases)	(103)	(385 29)	(14 22)	(0)	(0)	(399 51)	(73)	(554 11)	(0)	(953 62)
TOTAL - RESEARCH & EDUCATIONAL HOSPITALS:												
		(6 cases)	(188 ½)	(708 43)	(14 22)	(0)	(0)	(722 65)	(133 ½)	(606 83)	(0)	(1329 48)

* Case reported previously.

Case pending.

-- Some amount paid in previous report.

? Incomplete information received in reports.

Chicago Professional Colleges
College of Medicine

Claim No.	Individual (Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost	Work Days Lost	Univ. Disab. Benefits	Retirement Costs	TOTAL Costs this year
Bacteriology												
C-227	WARD, B.	(1)#	11-24-54	6	0	0	0	0	3 ½	37 00	0	37 00
Total - Bacteriology:		(1 case)	(6)	(0)	(0)	(0)	(0)	(0)	(3 ½)	(37 00)	(0)	(37 00)
TOTAL - COLLEGE OF MEDICINE:		(1 case)	(6)	(0)	(0)	(0)	(0)	(0)	(3 ½)	(37 00)	(0)	(37 00)

* Case reported previously. # Case pending. ... Some amount paid in previous report. ? Incomplete information received in reports.

Chicago Professional Colleges
College of Pharmacy

Claim No.	Individual (Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost	Work Days Lost	Univ. Disab. Benefits	Retirement Costs	TOTAL Costs this year
Chemistry												
C-228	WILLIAMS, C.	(1)#	12-3-54	13	24 86	51 30	0	76 16	6	81 64	0	157 80
Total - Chemistry:		(1 case)	(13)	(24 86)	(51 30)	(0)	(0)	(76 16)	(6)	(81 64)	(0)	(157 80)
TOTAL - COLLEGE OF PHARMACY:		(1 case)	(13)	(24 86)	(51 30)	(0)	(0)	(76 16)	(6)	(81 64)	(0)	(157 80)

*Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

Chicago Professional Colleges
Illinois Eye and Ear Infirmary

Claim No.	Individual	(Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost	Work Days Lost	Univ. Disab. Benefits	Retirement Costs	TOTAL Costs this year
C-224	GUARINO, H.	(3)	11-18-54	45	186 43	0	0	0	186 43	31	256 75	0	443 18
C-225	FITTIN, L.E.	(3)	10-27-54	60	248 57	0	0	0	248 57	43	40 01	0	288 58
C-226	MANN, M.	(3)	11-14-54	49	212 80	0	0	0	212 80	35	48 54	0	261 34
TOTAL - ILLINOIS EYE AND EAR INFIRMARY:													
			(3 cases)	(154)	(647 80)	(0)	(0)	(0)	(647 80)	(109)	(345 30)	(0)	(993 10)

* Case reported previously. # Case pending. --- Some amount paid in previous report. ? Incomplete information received in reports.

Chicago Professional Colleges
Physical Plant

Claim No.	Individual	(Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost	Work Days Lost	Univ. Disab. Benefits	Retirement Costs	TOTAL Costs this year
C-201	MARTINO, A.	(2)*	3-29-54	--	--	0	0	0	--	--	--	0	00 00
C-207	MOCK, F.	(5)	5-13-54	0	0	1 20	0	0	1 20	0	0	0	1 20
C-209	KAWALES, A.	(2)	7-9-54	72	298 29	0	0	0	298 29	42	269 84	24 24	592 37
C-210	NOLD, W.	(1)	5-26-54	6	0	2 52	0	0	2 52	3	79 50	0	82 02
C-213	McCOY, L.	(2)#	9-28-54	34½	166 12	30 00	0	0	196 12	24½	101 26	0	297 38
C-214	PERRI, N.	(2)#	9-19-54	15	33 14	0	0	0	33 14	11	209 00	0	242 14
C-215	SCHMIDT, O.	(1)	9-29-54	4	0	0	0	0	0	2	38 80	0	38 80
C-217	PIZZOFERRATO, D.	(1)	9-25-54	8	4 34	00 75	0	0	5 09	5	42 50	0	47 59
C-221	ELDER, F.	(2)	10-31-54	0	0	0	0	0	0	1	16 28	0	16 28
C-222	WASHINGTON, L.	(1)	10-2-54	6	0	1 95	0	0	1 95	5	45 24	0	47 19
C-231	BARNETT, S.	(1)	1-4-55	12	20 71	0	0	0	20 71	8	137 37	0	158 08
C-232	KILGORE, L.	(2)	1-16-55	20	53 86	0	0	0	53 86	14	105 18	0	159 04
C-236	HOLLOWAY, P.	(2)#	2-11-55	0	0	1 40	0	0	1 40	0	0	0	1 40
C-239	SHELLY, A.	(2)#	3-22-55	96	397 71	0	0	0	397 71	68	372 29	0	770 00
C-242	PRIESTER, M.	(1)#	3-25-55	9	9 77	0	0	0	9 77	5	46 26	0	56 03
C-243	RAMPENTHAL, H.	(1)#	4-27-55	46	190 57	0	0	0	190 57	32	639 83	0	830 40
TOTAL - PHYSICAL PLANT:			(16 cases)	(328½)	(1174 51)	(37 82)	(0)	(0)	(1212 33)	(220)	(2103 35)	(24 24)	(3339 92)
TOTAL - CHICAGO PROFESSIONAL COLLEGES:			(28 cases)	(335)	(2634 31)	(127 34)	(0)	(0)	(2761 65)	(490)	(3329 13)	(24 24)	(6115 02)

* Case reported previously.

-- Some amount paid in previous report.

? Incomplete information received in reports.

DIVISION OF SERVICES FOR CRIPPLED CHILDREN

NO ACTION CASES

GRAND TOTAL:

* Case reported previously.

SCHEDULE 2

COMMON LAW CLAIMS (PERSONAL INJURY)



COMMON LAW CLAIMS (PERSONAL INJURY)

The University of Illinois Committee on Accident Compensation reviewed seven common law claims (personal injury). The claimants were students, employees, and visitors at the University and they asserted a claim because they believed the University was liable for their personal injuries.

Of the seven claims reviewed, two claims were rejected, three claims are pending, and \$125.65 was paid by the University.

SCHEDULE 3

CASES WHERE PAYMENTS OF HOSPITAL OR MEDICAL
STATEMENTS WERE MADE ON THE BASIS OF REFERRAL

Urbana-Champaign
Cases Where Payments of Hospital or Medical Statements Were Made on The Basis of Referral

Claim No.	Individual	(Injury)	Date of Accident	Department	Univ. Disab. Benefits	Amount Paid on The Basis of Referral	TOTAL Costs this year
2774	CARTER, G. C.	(1)*	9-2-52	University Extension	00	10 00	10 00
2906	KIBLER, D. F.	(5)	12-1-53	Physics	00	3 00	3 00
2927	BAKER, J. S.	(2)	1-22-54	Architecture	00	00	00
2972	WILLIAMS, R. E.	(2)	5-21-54	Physical Plant	00	28 00	28 00
2984	BARBER, W.	(11)	5-14-54	Agronomy	00	9 00	9 00
2985	SMITH, R. J.	(12)	5-14-54	Agronomy	00	9 00	9 00
3010	FUNK, E.	(2)	7-16-54	Physical Plant	39 32	23 20	62 52
3012	OLSON, L. W.	(12)	6-23-54	Speech	00	23 00	23 00
3017	MANKUS, R. E.	(5)	6-15-54	Aeronautics	00	7 50	7 50
3021	VAUGHN, W. L.	(2)	8-6-54	Physical Plant	21 40	23 50	44 90
3028	BRACKMANN, R.	(1)	7-23-54	Physical Plant	00	00	00
3032	MOWELL, R.	(2)	7-31-54	Housing	00	00	00
3033	OKI, M.	(3)	7-31-54	Chemistry	00	5 00	5 00
3040	KAUFMANN, M. J.	(1)	9-13-54	Agronomy	00	00	00
3046	SHELATO, C.	(12)	8-1-54	Physical Plant	00	49 80	49 80
3052	VERMILLION, D.	(5)	unknown	Physics	00	00	00
3057	DOANE, F. W.	(2)	7-20-54	Physical Plant	00	23 00	23 00
3061	GRAVES, B. A.	(2)	6-10-54	Physical Plant	00	00	00
3072	DIX, L. E.	(1)	4-1-54	University Club	00	5 00	5 00
3087	CARENDER, L.	(2)	12-11-54	Dairy Science	00	47 00	47 00
3098	ROSENBERGER, F.	(2)	12-16-54	Physical Plant	36 00	00	36 00
3100	MARTIN, C. W.	(12)	12-5-54	Housing	00	10 00	10 00
3102	STANLEY, C. M.	(12)	11-18-54	Physical Plant	219 88	00	219 88

* Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

Urbana-Champaign

Cases Where Payments of Hospital or Medical Statements Were Made on The Basis of Referral (continued)

Claim No.	Individual	(Injury)	Date of Accident	Department	Univ. Disab. Benefits	Amount Paid on The Basis of Referral	TOTAL Costs this year
3116	NESMITH, A.	(2)	1-31-55	Physical Plant	00	15 00	15 00
3124	UTTERBACK, P.	(2)	9-54	Physical Plant	00	00	00
3126	KALBAG, S.	(12)	2-24-55	Food Technology	00	8 00	8 00
3151	MARSH, H.R.	(12)	4-1-55	Animal Science	00	8 00	8 00
3162	BAKER, W.	(2)	9-2-52	Physical Plant	00	10 00	10 00
3164	HITTLE, C.	(1)	3-10-55	Agronomy	00	8 50	8 50
3173	STRATTON, G.	(9)	3-16-55	Housing	00	00	00
3185	WATSON, G.	(12)	5-10-55	Physical Plant	?	5 00	5 00
TOTAL - URBANA-CHAMPAIGN:					(316 60)	(330 50)	(647 10)

(31 cases)

* Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

Chicago Professional Colleges

Cases Where Payments of Hospital or Medical Statements Were Made on The Basis of Referral (continued)

Page 40

Claim No.	Individual (Injury)	Date of Accident	Department	Univ. Disab. Benefits	Amount Paid on The Basis of Referral	TOTAL Costs this year
C-221	ELDER, F.R.	10-31-54	Physical Plant	16 28	00	16 28
TOTAL - CHICAGO PROFESSIONAL COLLEGES:						
		(1 case)		(16 28)	(00)	(16 28)
GRAND TOTAL - Cases where Payments of hospital or Medical Statements were made on the Basis of Referral:						
		(32 cases)		(332 88)	(330 50)	(663 38)

* Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

SCHEDULE 4

ANALYSIS OF COMPENSABLE CASES

Analysis of Compensable Cases*
Number of Cases

INJURY	1951 - 52	1952 - 53	1953 - 54	1954 - 55
1. Cuts and Bruises	83	44	60	67
2. Strains, sprains and fractures	68	59	76	88
3. Burns and infections	13	5	14	22
4. Punctures	2	13	5	9
5. Particle in eye	25	35	27	21
6. Splinters	2	1	4	3
7. Inhaling toxic fumes	4	1	1	1
8. Automobile Accident	0	2	2	1
9. Hernia	7	6	10	5
10. Diagnostic X-ray	2	0	0	0
11. Allergies	2	7	6	4
12. Other	11	7	8	18
TOTAL:	(219)	(180)	(213)	(239)

* Includes all cases listed in Schedule 1.

SCHEDULE 5

**COMPARATIVE SUMMARY OF ACCIDENT CASES
BY DEPARTMENT, NUMBER, AND TOTAL COST**



Urbana-Champaign
Comparative Summary of Accident Cases by Department, Number, and Total Cost

College or Department	1953 - 1954		1954 - 1955	
	No. of Cases	Total Cost	No. of Cases	Total Cost*
Administration & General	6	3,981.88	7	773.69
Liberal Arts & Sciences	10	223.65	13	523.80
Agriculture	45	11,195.19	43	7,400.46
Engineering	20	4,410.65	24	1,251.75
Graduate College	1	10.00	0	00
Commerce	0	00	0	00
Education	0	00	1	10.00
Fine & Applied Arts	1	5.00	1	12.50
Physical Education	0	00	0	00
Veterinary Medicine	0	00	2	3.00
Communications	4	2,205.62	2	1,989.73
University Extension	1	3.00	5	111.73
Armed Forces	1	16.00	0	00
Aviation	2	48.00	3	29.55
School of Social Work	0	00	0	00
Library	1	4.00	3	328.69
Physical Plant	65	18,950.10	61	12,353.70
Illini Union	6	167.81	11	372.85
Housing Division	22	3,683.17	21	1,659.43
TOTAL - URBANA-CHAMPAIGN:	(185)	(44,904.07)	(197)	(26,820.88)

* To be consistent with previous reports, total cost means University Disability Benefits plus the cost of benefits under the Workmen's Compensation or O.D. Acts.

Chicago Professional Colleges
Comparative Summary of Accident Cases by Department, Number, and Total Cost

College or Department	1953 - 1954		1954 - 1955	
	No. of Cases	Total Cost	No. of Cases	Total Cost*
Administration & General	0	00	1	257.72
R & E Hospitals	1	174.46	6	1,329.48
Animal Hospitals	0	00	0	00
College of Medicine	0	00	1	37.00
College of Dentistry	0	00	0	00
College of Pharmacy	0	00	1	157.80
School of Nursing	0	00	0	00
Tuberculosis Research	0	00	0	00
Illinois Eye & Ear Infirmary	2	113.26	3	993.10
Physical Plant	9	1,925.30	16	3,315.68
TOTAL - CHICAGO PROFESSIONAL COLLEGES:	(12)	(2,213.02)	(28)	(6,090.78)
Division of Services for Crippled Children	2	45.22	0	00

* To be consistent with previous reports, total cost means University Benefits plus the cost of benefits under the Workmen's Compensation or O.D. Acts.

Chicago Undergraduate Division
Comparative Summary of Accident Cases by Department, Number, and Total Cost

College or Department	1953 - 1954		1954 - 1955	
	No. of Cases	Total Cost	No. of Cases	Total Cost*
Admissions & Records	1	5.00	0	00
Health Service	0	00	1	125.00
Engineering Sciences	2	134.93	1	369.79
Liberal Arts & Sciences	0	00	0	00
Physical Education	0	00	0	00
Library	2	360.48	2	588.68
Physical Plant	8	1,901.49	9	4,325.49
Physical Plant Auxiliary Enterprises				
Illini Union (Food Service)	1	130.10	1	80.00
TOTAL - CHICAGO UNDERGRADUATE DIVISION:	(14)	(2,532.00)	(14)	(5,488.96)
GRAND TOTAL:	(213)	(49,694.31)	(239)	(38,400.62)

* To be consistent with previous reports, total cost means University Disability Benefits plus the cost of benefits under the Workmen's Compensation and O.D. Acts.



SCHEDULE 6

RELATION OF INJURY COSTS TO TOTAL ANNUAL PAYROLL

Relation of Injury Costs to Total Annual Payroll

Year	Total Annual Payroll	Amount paid by University on Injuries to Employees	Percent of Injury Costs to Total Payroll
1944 - 45	8 109 186	16 222	0.2000%
1945 - 46	8 895 000	5 731	0.0640%
1946 - 47	17 311 112	14 707	0.0850%
1947 - 48	23 323 264	13 398	0.0570%
1948 - 49	25 438 883	19 327	0.0760%
1949 - 50	29 134 839	26 517	0.0909%
1950 - 51	30 470 619	17 208	0.0565%
1951 - 52	31 801 212	33 989	0.1068%
1952 - 53	35 969 804	29 373	0.0816%
1953 - 54	37 855 681	49 694*	0.1313%
1954 - 55	39 303 520	38 400*	0.0977%

* To be consistent with previous reports, total cost means University Benefits plus the cost of benefits under the Workmen's Compensation or O.D. Acts.

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REPORT
of
THE UNIVERSITY OF ILLINOIS COMMITTEE ON
ACCIDENT COMPENSATION
for period
JULY 1, 1955 THROUGH JUNE 30, 1956

July 1956

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University of Illinois
ACCIDENT CASES CONSIDERED BY
THE COMMITTEE ON ACCIDENT COMPENSATION

THE COMMITTEE ON ACCIDENT COMPENSATION

Professor R. F. Lesemann, Chairman

Professor George T. Frampton

Director Donald E. Dickason

Mr. Jack T. Harroun, Secretary

Dr. L. M. Dyke
Director of Health Services-Advisor

SUB-COMMITTEE

Dr. L. M. Dyke

Professor G. W. Harper

Mr. R. E. Hartz

Mr. J. E. Harmon

Mr. P. A. Hartley

Mr. H. L. White

Mr. Jack T. Harroun, Secretary

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- Schedule 2 - Common Law Claims (Personal Injury) considered by the Committee on Accident Compensation, July 1, 1955 through June 30, 1956
- Schedule 3 - Cases where payments of hospital or medical statements were made on the basis of referral.
- Schedule 4 - Analysis of compensable cases.
- Schedule 5 - Comparative summary of accident cases by department, number and total cost.
- Schedule 6 - Summary in relation to payroll.

¹The amounts are the payments made in the period of July 1, 1955 through June 30, 1956

Comp. Time Lost indicates the amount paid for time lost under the provisions of the Illinois Workmen's Compensation Act, or the Illinois Occupational Diseases Act.

Medical indicates the amount paid for medical treatment under the provisions of the before-mentioned Acts.

P. Disab. Final Settlement indicates the amount paid in settlement of the case under the provisions of the before-mentioned Acts.

O.D. or Work Comp. Costs indicates the total amount paid under the provisions of the before-mentioned Acts.

* Indicates the case has been reported in the previous year or years.

Indicates the case is still pending.

-- Indicates payments were made in the previous year or years.

? Indicates the information in reports was incomplete.

Report prepared by Jack T. Harroun
Supervisor of Accident Compensation
and Donna M. Clark, Clerk Typist III



SCHEDULE 1

ACCIDENT CASES CONSIDERED BY THE COMMITTEE ON ACCIDENT

COMPENSATION JULY 1, 1955 THROUGH JUNE 30, 1956

Not

URBANA - CHAMPAIGN

UNIVERSITY OF ILLINOIS COMMITTEE ON ACCIDENT COMPENSATION
July 1, 1955 to June 30, 1956Urbana-Champaign
Administration and General

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
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Nonacademic Personnel - Stenographic Bureau Operations

3349	(1)#	2-20-56	114	553 71	145 45	0	0	699 16
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Total - Nonacademic Personnel -
Stenographic Bureau Operations:

(1 case)	(114)	(553 71)	(145 45)	(0)	(0)	(699 16)
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Legal Counsel

3214	(2)	10-27-54	0	0	15 00	0	0	15 00
Total - Legal Counsel: (1 case)			(0)	(0)	(15 00)	(0)	(0)	(15 00)

Business Office - Bursar's Division

3365	(1)	2-9-56	1	0	10 00	0	0	10 00
Total - Business Office: (1 case)			(1)	(0)	(10 00)	(0)	(0)	(10 00)

Provost's Office - Statistical Service

3356	(1)	2-14-56	0	0	1 28	0	0	1 28
Total - Provost's Office: (1 case)			(0)	(0)	(1 28)	(0)	(0)	(1 28)

*Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

Urbana-Champaign
Administration and General

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Health Service								
3247	(5)	9-19-55	0	0	28 25	0	0	28 25
Total - Health Service: (1 case)			(0)	(0)	(28 25)	(0)	(0)	(28 25)
Dean of Women								
3179	(2)*	5-10-55	?	0	185 35	0	0	185 35
Total - Dean of Women: (1 case)			(0)	(0)	(185 35)	(0)	(0)	(185 35)
TOTAL - ADMINISTRATION AND GENERAL:								
			(6 cases)	(115)	(553 71)	(0)	(0)	(939 04)

*Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

Urbana-Champaign
Liberal Arts and Sciences

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Chemistry and Chemical Engineering								
3194	(3)	7-20-55	40	202 92	705 15	500 00	0	1400 07
3195	(3)	7-20-55	8	0	112 40	100 00	0	212 40
3242	(3)	8-23-55	0	0	1 40	0	0	1 40
3329	(1)	12-20-55	0	0	12 50	0	0	12 50
3357	(1)	2-23-56	0	0	1 40	0	0	1 40
3386	(11)	4-7-56	0	0	6 50	0	0	6 50
Total - Chemistry and Chemical Engineering:					(48)	(202 92)	(839 35)	(600 00)
							(0)	(1642 27)

Botany

3188	(7)	6-24-55	0	0	5 00	0	0	5 00
3209	(1)	7-25-55	0	0	2 95	0	0	2 95
3362	(11)	5-10-55	0	0	31 15	0	0	31 15
Total - Botany:					(3 cases)	(0)	(39 10)	(0)
							(0)	(39 10)

*Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

Urbana-Champaign
Liberal Arts and Sciences (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Entomology								
3136	(1)*	3-18-55	--	0	90 10	2755 00	0	2845 10
Total - Entomology:		(1 case)	(0)	(0)	(90 10)	(2755 00)	(0)	(2845 10)
Physiology								
3208	(1)	7-25-55	0	0	10 00	0	0	10 00
Total - Physiology:		(1 case)	(0)	(0)	(10 00)	(0)	(0)	(10 00)
Zoology								
3368	(4)	3-12-56	0	0	1 00	0	0	1 00
Total - Zoology:		(1 case)	(0)	(0)	(1 00)	(0)	(0)	(1 00)
TOTAL - LIBERAL ARTS AND SCIENCES:								
		(12 cases)	(48 4/8)	(202 92)	(979 55)	(3355 00)	(0)	(4537 47)

*Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

Urbana-Champaign
Agriculture

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Administration - Dixon Springs Experimental Station								
3272	(2)	9-9-55	0	0	11 50	0	0	11 50
3274	(1)	9-26-55	13	68 71	50 50	0	0	119 21
3282	(4)	10-6-55	0	0	7 00	0	0	7 00
3284	(1)	8-16-55	0	0	10 00	0	0	10 00
3302	(1)	11-18-55	0	0	11 00	0	0	11 00
3309	(1)	12-5-55	0	0	11 00	0	0	11 00
Total - Dixon Springs Experimental Station:					(68 71)	(101 00)	(0)	(169 71)
Agricultural Extension								
3225	(2)	7-13-55	0	0	19 00	0	0	19 00
3267	(3)	8-16-55	0	0	17 00	0	0	17 00
3328	(4)	1-5-56	0	0	1 70	0	0	1 70
Total - Agricultural Extension:					(3 cases)	(0)	(0)	(37 70)

*Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

Urbana-Champaign
Agriculture (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Agricultural Engineering								
3379	(1)#	3-23-56	0	0	66 00	0	0	66 00
Total - Agricultural Engineering: (1 case)								
			(0)	(0)	(66 00)	(0)	(0)	(66 00)
Agronomy								
3298	(2)	11-9-55	0	0	15 00	0	0	15 00
3393	(2)#	4-17-56	?	0	16 00	0	0	16 00
Total - Agronomy: (2 cases)								
			(0)	(0)	(31 00)	(0)	(0)	(31 00)
Animal Science								
3076	(2)*	11-1-54	0	0	--	1305 00	0	1305 00
3184	(2)*	6-6-55	6	0	8 50	0	0	8 50
3211	(1)	6-1-55	0	0	0	116 00	0	116 00
3212	(6)	7-28-55	0	0	1 00	0	0	1 00
3238	(2)#	9-1-55	93	531 43	342 50	0	0	873 93

*Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

Urbana-Champaign
Agriculture (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Animal Science (continued)								
3271	(5)	9-29-55	0	0	5 00	0	0	5 00
3288	(3)	5-31-55	10	0	3 75	0	0	3 75
3297	(1)	11-27-55	0	0	4 00	0	0	4 00
3320	(1)	12-25-55	?	0	8 00	0	0	8 00
3337	(1)	1-20-56	0	0	72	0	0	72
3367	(2)	3-1-56	11	21 14	32 35	0	0	53 49
Total - Animal Science: (11 cases)					(120)	(1421 00)	(0)	(2379 39)
Dairy Science								
3213	(2)	6-11-55	2	0	10 00	0	0	10 00
3279	(1)	10-15-55	1	0	7 00	0	0	7 00
3311	(2)	11-23-55	9	9 71	0	0	0	9 71
3322	(2)	12-25-55	0	0	8 50	0	0	8 50
3338	(9)	1-2-56	17	62 86	20 00	350 00	0	432 86
Total - Dairy Science: (5 cases)					(29)	(45 50)	(0)	(468 07)

*Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

Urbana-Champaign
Agriculture (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Food Technology								
3312	(9)	10-4-55	59	286 57	285 66	0	0	572 23
Total - Food Technology: (1 case)		(59)		(286 57)	(285 66)	(0)	(0)	(572 23)
Forestry								
3376	(1)	3-20-56	2	0	29 10	0	0	29 10
Total - Forestry: (1 case)		(2)		(0)	(29 10)	(0)	(0)	(29 10)
Home Economics								
3248	(2)	9-24-55	8	4 86	10 00	0	0	14 86
Total - Home Economics: (1 case)		(8)		(4 86)	(10 00)	(0)	(0)	(14 86)
Horticulture								
3014	(1)*	7-22-54	--	--	--	2476 20	0	2476 20
3035	(11)*	8-13-54	--	--	191 78	0	0	191 78
3197	(12)	7-20-55	0	0	20 00	0	0	20 00

*Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

Urbana-Champaign
Agriculture (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Horticulture (continued)								
3200	(7)	7-19-55	1	0	32 00	0	0	32 00
3269	(9)	9-26-55	42	204 00	330 60	0	0	534 60
3296	(5)	12-6-55	0	0	21 00	0	0	21 00
3324	(4)	12-22-55	0	0	4 50	0	0	4 50
3358	(4)	2-3-56	0	0	22 50	0	0	22 50
Total - Horticulture: (8 cases)						(2476 20)	(0)	(3302 58)

Robert Allerton Park

3183	(9)*	5-24-55	62	256 86	195 95	0	0	452 81
3271	(5)	9-29-55	0	0	5 00	0	0	5 00
3325	(4)	1-12-56	0	0	11 00	0	0	11 00
3348	(5)	2-14-56	0	0	24 00	0	0	24 00
3366	(6)	3-13-56	8	5 00	38 00	0	0	43 00
3387	(5)	4-11-56	0	0	5 00	0	0	5 00
Total - Robert Allerton Park: (6 cases)						(278 95)	(0)	(540 81)

TOTAL - AGRICULTURE: (45 cases) (344) (1452 14) (1913 11) (4247 20) (0) (7612 45)

*Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

Urbana-Champaign
Engineering

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Administration								
3323	(2)	1-4-56	0	0	10 00	0	0	10 00
Total - Administration: (1 case)								
			(0)	(0)	(10 00)	(0)	(0)	(10 00)
Chemical Engineering								
3167	(3)*	5-12-55	0	0	18 00	0	0	(18 00)
Total - Chemical Engineering: (1 case)								
			(0)	(0)	(18 00)	(0)	(0)	(18 00)
Civil Engineering								
3232	(2)	8-17-55	60	291 42	53 35	0	0	344 77
3326	(11)#	9-1-55	51	269 58	0	0	0	269 58
Total - Civil Engineering: (2 cases)								
			(111)	(561 00)	(53 35)	(0)	(0)	(614 35)
Electrical Engineering								
3077	(1)*	11-9-54	--	--	--	580 00	0	580 00
3231	(3)	7-7-55	0	0	11 00	0	0	11 00

*Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

Urbana-Champaign
Engineering (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Electrical Engineering (continued)								
3237	(1)	8-29-55	20	63 14	52 15	0	0	115 29
3380	(1)	3-28-56	0	0	5 00	0	0	5 00
Total - Electrical Engineering: (4 cases)					(63 14)	(580 00)	(0)	(711 29)
Mechanical Engineering								
3177	(5)*	5-31-55	1	0	10 00	0	0	10 00
3275	(2)	10-6-55	25	90 00	53 87	0	0	143 87
Total - Mechanical Engineering: (2 cases)					(90 00)	(0)	(0)	(153 87)
Mining and Metallurgical Engineering								
3287	(3)	10-28-55	0	0	1 50	0	0	1 50
Total - Mining and Metallurgical Engineering (1 case)					(0)	(0)	(0)	(1 50)

*Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

Urbana-Champaign
Engineering (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Physics								
2437	(12)*#	'43 - '44	--	--	36 57	0	0	36 57
3217	(3)	8-1-55	0	0	1 50	0	0	1 50
3270	(1)	10-1-55	0	0	1 50	0	0	1 50
3290	(6)	9-23-55	0	0	1 50	0	0	1 50
3293	(1)	10-24-55	0	0	4 20	0	0	4 20
3335	(6)	12-20-55	0	0	8 00	0	0	8 00
3339	(1)	1-26-56	1	0	20 00	0	0	20 00
Total - Physics: (7 cases)					(73 27)	(0)	(0)	(73 27)
Theoretical and Applied Mechanics								
3222	(2)	8-8-55	0	0	10 00	0	0	10 00
3317	(2)	11-18-55	0	0	1 24	0	0	1 24
3330	(1)#	1-7-56	0	0	108 75	0	0	108 75
3359	(1 & 2)	2-20-56	35	185 00	291 70	444 00	0	920 70

*Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

Urbana-Champaign
Engineering (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
3399	(1)	4-30-56	0	0	11 00	0	0	11 00
Total - Theoretical and Applied Mechanics: (5 cases)								
			(35)	(185 00)	(422 69)	(444 00)	(0)	(1051 69)
Control Systems Laboratory								
3316	(12)	12-14-55	19	0	299 05	0	0	299 05
3319	(2)#	12-27-55	0	0	3 00	0	0	3 00
3342	(3)	2-3-56	0	0	11 00	0	0	11 00
Total - Control Systems Laboratory: (3 cases)								
			(19)	(0)	(313 05)	(0)	(0)	(313 05)
TOTAL - ENGINEERING: (26 cases)								
			(212)	(899 14)	(1023 88)	(1024 00)	(0)	(2947 02)

*Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

Urbana-Champaign
Graduate College

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
State Geological Survey**								
3240	(3)	8-17-55	0	0	1 50	0	0	1 50
Total - State Geological Survey: (1 case)								
			(0)	(0)	(1 50)	(0)	(0)	(1 50)
State Water Survey***								
3080	(2)*	11-10-54	0	0	1 30	0	0	1 30
Total - State Water Survey: (1 case)								
			(0)	(0)	(1 30)	(0)	(0)	(1 30)
TOTAL - GRADUATE COLLEGE: (2 cases)								
			(0)	(0)	(2 80)	(0)	(0)	(2 80)

** State Geological Survey does not come under the Graduate College but the University became involved in this accident as a result of research work being performed by the State Geological Survey for the Graduate College.

*** State Water Survey does not come under the Graduate College but the University became involved in this accident as a result of research work being performed by the State Water Survey for the Graduate College.

*Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

Urbana-Champaign
Education

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost	
3252	(1 & 2)	9-8-55	0	0	1 50	0	0	1 50	
3299	(1)	11-21-55	0	0	4 00	0	0	4 00	
3385	(2)#	3-26-56	0	0	20 00	0	0	20 00	
TOTAL - EDUCATION:					(3 cases)	(0)	(25 50)	(0)	(25 50)

*Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports

Urbana-Champaign
Fine and Applied Arts

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
3317	(2)#	12-3-55	?	0	90 00	0	0	90 00
Total - Art:		(1 case)	(0)	(0)	(90 00)	(0)	(0)	(90 00)
TOTAL - FINE AND APPLIED ARTS:		(1 case)	(0)	(0)	(90 00)	(0)	(0)	(90 00)

*Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

Urbana-Champaign
Veterinary Medicine

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
3176	(2)*	6-4-55	0	0	3 50	0	0	3 50
3392	(2)	3-22-56	0	0	10 00	0	0	10 00
TOTAL - VETERINARY MEDICINE: (2 cases)					(0) (13 50)	(0)	(0)	(13 50)

*Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

Urbana-Champaign
Law

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expense	O.D. or Work Comp. Cost
3241	(1)	8-29-55	0	0	11 00	0	0	11 00
TOTAL - LAW:		(1 case)	(0)	(0)	(11 00)	(0)	(0)	(11 00)

*Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

Urbana-Champaign
Communications

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
University Press								
3332	(2)	1-16-56	0	0	10 00	0	0	10 00
3382	(2)	3-30-56	4	0	95 50	0	0	95 50
Total - University Press:		(2 cases)	(4)	(0)	(105 50)	(0)	(0)	(105 50)
Television - Motion Pictures								
3257	(1)	9-9-55	0	0	4 50	0	0	4 50
Total - Television-Motion Pictures		(1 case)	(0)	(0)	(4 50)	(0)	(0)	(4 50)
TOTAL - COMMUNICATIONS:		(3 cases)	(4)	(0)	(110 00)	(0)	(0)	(110 00)

*Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

Urbana-Champaign
Library

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
3253	(2)	9-13-55	0	0	10 00	0	0	10 00
TOTAL - LIBRARY		(1 case)	(0)	(0)	(10 00)	(0)	(0)	(10 00)

*Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

Urbana-Champaign
Division of University Extension

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Visual Aids								
3259	(1)	9-21-55	0	0	5 00	0	0	5 00
Total - Visual Aids: (1 case)			(0)	(0)	(5 00)	(0)	(0)	(5 00)
Robert Allerton House								
3070	(1)*	10-8-54	0	0	3 00	0	0	3 00
3111	(1)*	10-15-54	0	0	45 00	0	0	45 00
Total - Robert Allerton House:			(0)	(0)	(48 00)	(0)	(0)	(48 00)
TOTAL - DIVISION OF UNIVERSITY EXTENSION: (3 cases)			(0)	(0)	(53 00)	(0)	(0)	(53 00)

*Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

Urbana-Champaign
Institute of Aviation

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
3171	(2)*	5-20-55	0	0	21 25	0	0	21 25
3189	(5)	6-30-55	0	0	16 00	0	0	16 00
3214	(1)	8-2-55	5	0	70	0	0	70
3294	(1)	11-18-55	18	0	490 00	0	0	490 00
TOTAL - INSTITUTE OF AVIATION: (4 cases)								
			(23)	(0)	(528 85)	(0)	(0)	(528 85)

*Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

Urbana-Champaign
Institute of Labor and Industrial Relations

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
3190	(2)	6-23-55	0	0	5 00	116 00	0	121 00
TOTAL - INSTITUTE OF LABOR AND INDUSTRIAL RELATIONS: (1 case)								
			(0)	(0)	(5 00)	(116 00)	(0)	(121 00)

*Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

Urbana-Champaign
Physical Plant - O & M

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
2825	(2)*#	4-9-53	--	--	33 00	0	0	33 00
2941	(3)*	2-26-54	--	--	254 61	0	0	254 61
2990	(2)*	3-18-54	0	0	15 00	0	0	15 00
3005	(2)*	6-17-54	82	339 71	--	3750 00	0	4089 71
3058	(1)*	10-15-54	--	--	--	203 00	0	203 00
3084	(1)*	11-5-54	0	0	4 85	0	0	4 85
3085	(2)*	12-7-54	0	0	10 00	0	0	10 00
3115	(2)*	2-1-55	5	0	8 00	866 40	0	874 40
3117	(2)*	2-11-55	--	--	--	101 50	0	101 50
3170	(9)*	4-27-55	64	312 69	385 25	0	0	697 94
3174	(2)*	6-2-54	0	0	21 00	1305 00	0	1326 00
3181	(9)*	6-2-55	53	219 57	286 10	0	0	505 67
3187	(2)	5-27-55	0	0	20 85	0	0	20 85
3191	(2)	6-27-55	2	0	10 00	0	0	10 00

*Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

Urbana-Champaign
Physical Plant - O & M (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
3199	(1 & 2)	6-10-55	2	0	10 00	152 25	0	162 25
3201	(2)	7-8-55	0	0	10 00	0	0	10 00
3206	(2)	6-30-55	0	0	30 00	0	0	30 00
3221	(5)	8-8-55	0	0	8 00	0	0	8 00
3224	(9)	7-20-55	53	263 75	492 00	0	0	755 75
3227	(2)	8-4-55	0	0	15 00	0	0	15 00
3230	(2)	8-8-55	0	0	6 25	0	0	6 25
3233	(1 & 11)	8-15-55	6	0	8 50	0	0	8 50
3234	(5)#	8-23-55	26	95 00	489 80	0	0	584 80
3239	(1)	8-24-55	0	0	4 60	0	0	4 60
3243	(2)	8-17-55	12	24 29	0	0	0	24 29
3244	(3)	9-2-55	0	0	1 50	0	0	1 50
3245	(9)	7-16-55	62	301 14	321 87	0	0	623 01
3246	(2)	8-17-55	46	243 14	361 05	740 00	0	1344 19

*Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

Urbana-Champaign
Physical Plant - O & M (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
3249	(5)	9-22-55	5	0	19 25	0	0	19 25
3255	(1)	9-15-55	0	0	1 50	0	0	1 50
3256	(4)	9-20-55	0	0	2 20	0	0	2 20
3257	(1)	9-5-55	0	0	1 50	0	0	1 50
3260	(2)	9-20-55	19	58 29	8 50	0	0	66 79
3262	(2)	9-19-55	0	0	15 95	0	0	15 95
3265	(2)	9-14-55	5	0	10 00	0	0	10 00
3266	(2)	9-26-55	1	0	10 00	0	0	10 00
3273	(2)	9-30-55	8	15 86	0	0	0	15 86
3276	(2)	10-6-55	24	215 00	10 00	0	0	225 00
3278	(3)	10-17-55	3	0	3 00	0	0	3 00
3281	(2)	10-19-55	0	0	7 50	0	0	7 50
3289	(3)	10-27-55	0	0	27 00	0	0	27 00
3305	(3)	12-8-55	3	0	1 10	0	0	1 10

*Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

Urbana-Champaign
Physical Plant - O & M (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
3308	(1)	12-14-55	2	0	31 00	0	0	31 00
3321	(2)#	12-23-55	71	355 00	111 80	0	0	466 80
3331	(2)	12-22-55	0	0	18 50	0	0	18 50
3333	(1)	1-17-56	0	0	4 00	0	0	4 00
3343	(1)	1-27-56	0	0	1 50	0	0	1 50
3346	(1)	2-9-56	0	0	25 00	0	0	25 00
3350	(2)	2-6-56	21	68 00	82 30	0	0	150 30
3353	(5)	2-27-56	0	0	22 00	0	0	22 00
3355	(1)	2-14-56	0	0	1 50	0	0	1 50
3363	(2)	12-7-55	0	0	20 00	0	0	20 00
3364	(1)	2-29-56	0	0	3 00	0	0	3 00
3371	(9)#	3-5-56	37	185 00	183 00	0	0	368 00
3373	(1)	3-19-56	0	0	1 45	0	0	1 45
3374	(2)	3-20-56	0	0	10 00	0	0	10 00

*Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

Urbana-Champaign
Physical Plant - O & M (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost	
3375	(2)#	3-14-56	0	0	8 50	0	0	8 50	
3377	(5)	4-10-56	0	0	7 50	0	0	7 50	
3384	(2)	3-28-56	94	470 00	531 75	0	0	1001 75	
3390	(1 & 2)	4-20-56	0	0	8 50	0	0	8 50	
3398	(2)#	4-24-56	0	0	8 50	0	0	8 50	
3400	(1)	5-2-56	1	0	16 50	0	0	16 50	
3402	(2)#	4-20-56	0	0	8 50	0	0	8 50	
3404	(2)	5-1-56	5	0	8 50	0	0	8 50	
3407	(1)	5-14-56	2	0	33 50	0	0	33 50	
3408	(1)	5-3-56	0	0	1 50	0	0	1 50	
TOTAL - PHYSICAL PLANT - O & M: (66 cases)(698)						(4073 03)	(7118 15)	(0)	(14357 62)

*Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

Urbana-Champaign
Physical Plant - Auxiliary Enterprises

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Housing Division								
2850	(2)*	6-11-53	--	29 21	530 00	866 40	0	1396 40
3054	(2)*	8-11-54	--	--	18 00	326 25	0	344 25
3125	(12)*	2-24-55	0	0	8 00	0	0	8 00
3204	(2)	7-6-55	0	0	12 50	0	0	12 50
3205	(2)	6-3-55	12	20 71	0	0	0	20 71
3210	(2)#	7-20-55	12	0	54 27	0	0	54 27
3235	(2)	7-29-56	2	0	12 50	0	0	12 50
3254	(1)	9-18-55	0	0	1 50	0	0	1 50
3263	(1)#	9-24-55	3	0	31 25	0	0	31 25
3264	(1)#	9-24-55	30	140 85	2 00	0	0	142 85
3277	(2)	10-7-55	0	0	8 50	0	0	8 50
3283	(3)	10-15-55	0	0	1 50	0	0	1 50
3293	(2)	11-11-55	9	9 71	47 10	0	0	56 81
3304	(2)	11-22-55	5	0	15 00	0	0	15 00

*Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

Urbana-Champaign
Physical Plant - Auxiliary Enterprises (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Housing Division (continued)								
3307	(1)	12-11-55	0	0	1 50	0	0	1 50
3313	(2)	12-1-55	31	155 00	10 00	0	0	165 00
3318	(11)	12-20-55	0	0	24 00	0	0	24 00
3381	(1)	3-19-56	0	0	20 00	0	0	20 00
3383	(9)#	4-9-56	56	272 00	142 90	0	0	414 90
3389	(2)#	1-17-56	5	0	15 00	0	0	15 00
3396	(2)#	4-18-56	73	365 00	102 45	0	0	467 45
3397	(1)	4-19-56	0	0	9 35	0	0	9 35
3401	(1 & 2)#	5-1-56	9	11 43	26 00	0	0	37 43
3403	(1)#	5-2-56	5	0	365 30	0	0	365 30
Total - Housing Division: (24 cases)					(238)	(1192 65)	(0)	(3625 97)

Illini Union

3109	(3)*	1-25-55	--	0	2 05	0	0	2 05
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*Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

Urbana-Champaign
Physical Plant - Auxiliary Enterprises (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Illini Union (continued)								
3203	(1)	6-29-55	0	0	3 00	0	0	3 00
3216	(2)	8-12-55	0	0	13 50	0	0	13 50
3218	(1)	7-30-55	0	0	2 50	0	0	2 50
3220	(3)	8-9-55	0	0	3 00	0	0	3 00
3228	(11)	7-30-55	2	0	4 15	0	0	4 15
3250	(1)	9-6-55	0	0	8 00	0	0	8 00
3300	(3)	11-22-55	0	0	1 50	0	0	1 50
3301	(1)	11-20-55	0	0	1 50	0	0	1 50
3314	(2)	12-1-55	0	0	8 50	0	0	8 50
3334	(1)	1-12-56	0	0	10 00	0	0	10 00
3336	(1)	1-15-56	0	0	6 50	0	0	6 50
3341	(1)	1-22-56	8	4 86	35 50	0	0	40 36
3354	(1)	2-19-56	0	0	1 50	0	0	1 50
3378	(2)	3-20-56	1	0	10 00	0	0	10 00

*Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

Urbana-Champaign
Physical Plant - Auxiliary Enterprises (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Illini Union (continued)								
3388	(2)	4-4-56	31	177 15	38 10	0	0	215 25
3391	(1)	4-14-56	0	0	2 35	0	0	2 35
Total - Illini Union: (17 cases)								
			(42)	(182 01)	(151 65)	(0)	(0)	(333 66)
TOTAL - Physical Plant - O & M: (66 cases)								
				(698)	(4073 03)	(7118 15)	(0)	(14357 62)
TOTAL - Physical Plant - Auxiliary Enterprises: (41 cases)								
			(280)	(1156 71)	(1610 27)	(1192 65)	(0)	(3959 63)
TOTAL - PHYSICAL PLANT: (107 cases)								
			(978)	(4323 15)	(5683 30)	(8310 80)	(0)	(18317 25)
TOTAL - URBANA-CHAMPAIGN: (217 cases)								
			(1724 4/8)	(7431 06)	(10834 82)	(17053 00)	(0)	(35318 88)

*Case reported previously. # Case pending. --- Some amount paid in previous report. ? Incomplete information received in reports.

CHICAGO PROFESSIONAL COLLEGES

Chicago Professional Colleges
Administration - Vice President

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlements	Other Expenses	O.D. or Work Comp. Cost
Animal Hospital								
C-262	(2)#	4-27-54	7	0	45 00	0	0	45 00
Total - Animal Hospital: (1 case)					(45 00)	(0)	(0)	(45 00)
TOTAL - ADMINISTRATION - VICE PRESIDENT: (1 case)								
					(45 00)	(0)	(0)	(45 00)

*Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

Chicago Professional Colleges
Research and Educational Hospitals

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Nursing								
C-220	(2)*	9-2-55	--	--	0	652 50	0	652 50
C-258	(1)	11-2-55	0	0	10 00	0	0	10 00
C-268	(1)	1-31-56	12	24 29	0	0	0	24 29
C-270	(3)	2-6-56	0	0	1 75	0	0	1 75
Total - Nursing: (4 cases)					(11 75)	(652 50)	(0)	(688 54)
TOTAL - RESEARCH AND EDUCATIONAL HOSPITALS: (4 cases)								
					(11 75)	(652 50)	(0)	(688 54)

*Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

Chicago Professional Colleges
College of Medicine

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Bacteriology								
C-227	(1)*	11-24-54	--	0	0	348 00	0	348 00
Total - Bacteriology: (1 case)					(0)	(348 00)	(0)	(348 00)
Chemistry								
C-228	(2)*	12-3-54	--	--	4 35	0	0	4 35
C-246	(3)	5-8-55	0	0	1 30	0	0	1 30
Total - Chemistry: (2 cases)					(0)	(0)	(0)	(5 65)
Physiology								
C-247	(12)	6-30-55	0	0	3 05	0	0	3 05
Total - Physiology: (1 case)					(0)	(0)	(0)	(3 05)
TOTAL - COLLEGE OF MEDICINE: (4 cases)					(0)	(348 00)	(0)	(356 70)

*Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

Chicago Professional Colleges
Physical Plant

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
C-213	(2)*	9-28-54	--	--	--	866 40	0	866 40
C-214	(9)*	8-19-54	--	--	--	370 00	0	370 00
C-239	(2)*	3-22-55	19	78 71	0	0	0	78 71
C-243	(1)*	4-27-55	--	--	21 05	0	0	21 05
C-248	(2)	6-30-55	10	12 43	0	0	0	12 43
C-252	(1)	7-29-55	11	19 43	0	0	0	19 43
C-253	(2)	9-2-55	20	63 14	0	0	0	63 14
C-254	(3)#	9-16-55	10	15 00	0	0	0	15 00
C-263	(2)	1-26-56	10	15 00	75	0	0	15 75
C-273	(2)	3-15-56	31	155 00	0	0	0	155 00
TOTAL - PHYSICAL PLANT: (10 cases)(111)						(1236 40)	(0)	(1616 91)

*Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

Chicago Professional Colleges
Physical Plant

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Housing								
C-257	(12)	10-17-55	0	0	73 00	0	0	73 00
Total - Housing: (1 case)			(0)	(0)	(73 00)	(0)	(0)	(73 00)
Illini Union								
C-256	(3)	10-13-55	0	0	0	100 00	0	100 00
C-274	(1)#	4-4-56	46	223 43	0	0	0	223 43
Total - Illini Union: (2 cases)			(46)	(223 43)	(0)	(100 00)	(0)	(323 43)
TOTAL - CHICAGO PROFESSIONAL COLLEGES: (22 cases)			(176)	(606 43)	(160 25)	(2336 90)	(0)	(3103 58)

*Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

CHICAGO UNDERGRADUATE DIVISION

Chicago Undergraduate Division
Health Service

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
C-233	(2)*#	11-9-54	0	0	130 00	0	0	130 00
TOTAL - HEALTH SERVICE: (1 case)								
			(0)	(0)	(130 00)	(0)	(0)	(130 00)

*Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

Chicago Undergraduate Division
Engineering

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
C-203	(2)*	5-4-54	--	--	--	406 00	0	406 00
Total - Engineering Sciences: (1 case)								
			(0)	(0)	(0)	(406 00)	(0)	(406 00)

*Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

Chicago Undergraduate Division
Physical Education

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
C-267	(1)#	1-31-56	0	0	80 00	0	0	80 00
C-272	(1)	5-3-56	3	0	37 45	0	0	37 45
TOTAL - PHYSICAL EDUCATION: (2 cases) (3) (0) (117 45) (0) (117 45)								

*Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

Chicago Undergraduate Division
Library

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
C-245	(4)	7-6-55	6	0	118 75	0	0	118 75
TOTAL - LIBRARY:		(1 case)	(6)	(0)	(118 75)	(0)	(0)	(118 75)

*Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

Chicago Undergraduate Division
Physical Plant

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
C-219	(1)#	9-17-54	21	63 51	468 50	0	0	532 01
C-230	(2)*	1-4-55	--	--	160 25	1957 50	0	2117 75
C-251	(2)	8-24-55	12	24 29	0	0	0	24 29
C-260	(1)	12-1-55	26	92 29	186 75	0	0	279 04
C-269	(2)	4-5-56	3	0	26 50	0	0	26 50
C-271	(3)	4-16-56	3	0	0	0	0	0
TOTAL - PHYSICAL PLANT: (6 cases)					(842 00)	(1957 50)	(0)	(2979 59)

*Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

Chicago Undergraduate Division
Physical Plant - Auxiliary Enterprises

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Illini Union (Food Service)								
C-264	(2)#	2-17-56	0	0	25 00	0	0	25 00
TOTAL - ILLINI UNION								
(Food Service):		(1 case)	(0)	(0)	(25 00)	(0)	(0)	(25 00)
TOTAL - CHICAGO UNDERGRADUATE								
DIVISION:		(11 cases)	(74)	(180 09)	(1614 20)	(1957 50)	(0)	(3751 79)

*Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

Division of Services for Crippled Children

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
3236	(9)	7-26-55	17	50 00	354 35	0	0	404 35
3268	(1)	9-28-55	0	0	3 00	0	0	3 00
TOTAL - DIVISION OF SERVICES FOR CRIPPLED CHILDREN: (2 cases)								
			(17)	(50 00)	(357 35)	(0)	(0)	(407 35)
GRAND TOTAL:								
		(252 cases)	(1991 4/8)	(8267 58)	(12966 62)	(21374 40)	(0)	(42581 60)

*Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

SCHEDULE 2

PERSONAL INJURY CLAIMS NOT ARISING UNDER
WORKMEN'S COMPENSATION OR OCCUPATIONAL
DISEASES ACTS

Three claims of this nature were considered and acted upon by the Committee on Accident Compensation. Each was disposed of by settlement, primarily upon the basis of reimbursement to the claimants of the amounts of their hospital and medical bills in excess of their insurance, at a total cost to the University of \$615.10.

Other accidents involving slight personal injuries were investigated, but did not result in the assertion of claims which would probably have been denied if they had been asserted.

In acting upon such claims the Committee on Accident Compensation is necessarily governed by the applicable principles of the Illinois law under which the University is not liable to the claimants unless their injuries were proximately caused by negligence upon the part of the University or one of its agents or employees and unless, even if the University was negligent in the premises, the claimant was free from negligence on his part which contributed to his injuries.

SCHEDULE 3

CASES WHERE PAYMENTS OF HOSPITAL OR MEDICAL
STATEMENTS WERE MADE ON THE BASIS OF REFERRAL

Urbana-Champaign
Cases Where Payments of Hospital or Medical Statements Were Made on the Basis of Referral

Claim No.	Injury	Date of Accident	Department	Amount of Claim	Amount Paid on The Basis of Referral
3180	(11)	unknown	Physical Plant	?	47 40
3192	(1)	7-11-55	University High School	?	15 00
3196	(3)	7-20-55	Chemistry & Chemical Eng.	?	14 00
3198	(12)	6-9-54	Housing	?	4 50
3285	(2)	9-22-56	Physical Plant	?	40 50
3303	(2)	11-30-55	Housing	?	4 00
3340	(9)	2-3-56	Physical Plant	?	4 00
3351	(9)	1-30-56	Electrical Engineering	?	339 15
3369	(2)	2-26-54	Illini Union	?	10 00

TOTAL - URBANA-
CHAMPAIGN: (9 cases)

(478 55)

*Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

Chicago Professional Colleges
Cases Where Payments of Hospital or Medical Statements Were Made on the Basis of Referral (continued)

Claim No.	Injury	Date of Accident	Department	Amount of Claim	Amount Paid on The Basis of Referral
C-265	(2)	1-27-56	Psychiatry	?	00 95
TOTAL - CHICAGO PROFESSIONAL COLLEGES: (1 case)					
					(00 95)

*Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

Division of Services for Crippled Children
Cases Where Payments of Hospital or Medical Statements Were Made on the Basis of Referral (continued)

Claim No.	Injury	Date of Accident	Department	Amount of Claim	Amount Paid on The Basis of Referral
3291	(2)	8-1-55	Division of Services For Crippled Children	?	3 00
TOTAL - DIVISION OF SERVICES FOR CRIPPLED CHILDREN: (1 case)					
					(3 00)
GRAND TOTAL - Cases Where Payments Of Hospital Or Medical Statements Were Made On the Basis Of Referral: (11 cases)					
					(482 50)

*Case reported previously. # Case pending. -- Some amount paid in previous report. ? Incomplete information received in reports.

SCHEDULE 4

ANALYSIS OF COMPENSABLE CASES

Analysis of Compensable Cases*
Number of Cases

INJURY	1952 - 53	1953 - 54	1954 - 55	1955 - 56
1. Cuts and Bruises	44	60	67	80
2. Strains, sprains and fractures	59	76	88	96
3. Burns and infections	5	14	22	24
4. Punctures	13	5	9	8
5. Particle in eye	35	27	21	13
6. Splinters	1	4	3	4
7. Inhaling toxic fumes	1	1	1	2
8. Automobile Accident	2	2	1	0
9. Hernia	6	10	5	12
10. Diagnostic X-ray	0	0	0	0
11. Allergies	7	6	4	7
12. Other	7	8	18	6
TOTAL:	(180)	(213)	(239)	(252)

* Includes all cases listed in Schedule 1.

SCHEDULE 5

COMPARATIVE SUMMARY OF ACCIDENT CASES
BY DEPARTMENT, NUMBER, AND TOTAL COST

Urbana-Champaign

Comparative Summary of Accident Cases by Department, Number, and Total Cost

College or Department	No. of Cases	1954-1955 Work. Comp. or O.D. Cost	Total Cost [*]	No. of Cases	1955-1956 Work. Comp. or O.D. Cost	Total Cost [*]
Administration & General	7	584.12	773.69	6	939.04	999.04
Liberal Arts & Sciences	13	523.80	523.80	12	4,537.47	4,537.47
Agriculture	46	6,176.23	7,400.46	45	7,612.45	9,258.14
Engineering	24	889.23	1,251.75	26	2,947.02	4,349.61
Graduate College	0	00	00	2	2.80	2.80
Commerce	0	00	00	0	00	00
Education	1	10.00	10.00	3	25.50	25.50
Fine & Applied Arts	1	12.50	12.50	1	90.00	90.00
Law	0	00	00	1	11.00	11.00
Veterinary Medicine	2	3.00	3.00	2	13.50	13.50
Communications	2	1,901.23	1,989.73	3	110.00	156.15
University Extension	5	95.25	111.73	3	53.00	53.00
Armed Forces	0	00	00	0	00	00
Institute of Aviation	3	12.75	29.55	4	528.85	528.85

* To be consistent with previous reports, total cost means University Benefits plus the cost of benefits under the Workmen's Compensation or O.D. Acts.

Urbana-Champaign

Comparative Summary of Accident Cases by Department, Number, and Total Cost

College or Department	No. of Cases	1954-1955 Work. Comp. or O.D. Cost	Total Cost [*]	No. of Cases	1955-1956 Work. Comp. or O.D. Cost	Total Cost [*]
Institute of Labor & Industrial Relations	0	00	00	1	121.00	121.00
School of Social Work	0	00	00	0	00	00
Library	3	151.70	328.69	1	10.00	10.00
Physical Plant	61	9,529.70	12,353.70	66	14,357.62	19,349.63
Illini Union	11	214.43	372.85	17	333.66	531.04
Housing Division	21	1,351.92	1,659.43	24	3,625.97	4,681.45
TOTAL - URBANA - CHAMPAIGN: (197)		(21,455.86)	(26,820.88)	(217)	(35,318.88)	(44,718.18)

* To be consistent with previous reports, total cost means University Benefits plus the cost of benefits under the Workmen's Compensation or O.D. Acts.

Chicago Professional Colleges

Comparative Summary of Accident Cases by Department, Number, and Total Cost

College or Department	No. of Cases	1954-1955 Work. Comp. or O.D. Cost	Total Cost [*]	No. of Cases	1955-1956 Work. Comp. or O.D. Cost	Total Cost [*]
Administration & General	1	102.71	257.72	1	45.00	85.80
R & E Hospitals	6	722.15	1,329.48	4	688.54	749.47
College of Medicine	1	00	37.00	4	356.70	356.70
College of Dentistry	0	00	00	0	00	00
College of Pharmacy	1	76.16	157.80	0	00	00
School of Nursing	0	00	00	0	00	00
Tuberculosis Research	0	00	00	0	00	00
Illinois Eye & Ear Infirmary	3	647.80	993.10	0	00	00
Physical Plant	16	1,212.33	3,315.68	10	1,616.91	2,533.30
Housing	0	00	00	1	73.00	73.00
Illini Union	0	00	00	2	323.43	397.82
TOTAL - CHICAGO PROFESSIONAL COLLEGES:	(26)	(2,761.65)	(6,090.78)	(22)	(3,103.58)	(4,196.09)

* To be consistent with previous reports, total cost means University Benefits plus the cost of benefits under the Workmen's Compensation or O.D. Acts.

Chicago Undergraduate Division

Comparative Summary of Accident Cases by Department, Number, and Total Cost

College or Department	No. of Cases	1954-1955 Work. Comp. or O.D. Cost	Total Cost [*]	No. of Cases	1955-1956 Work. Comp. or O.D. Cost	Total Cost [*]
Admissions & Records	0	00	00	0	00	00
Health Service	1	125.00	125.00	1	130.00	130.00
Engineering Sciences	1	320.14	369.79	1	406.00	406.00
Liberal Arts & Sciences	0	00	00	0	00	00
Physical Education	0	00	00	2	117.45	117.45
Library	2	560.00	588.68	1	118.75	118.75
Physical Plant	9	3,699.69	4,325.49	6	2,979.59	3,572.22
Illini Union (Food Service)	1	20.71	80.00	0	00	00
TOTAL - UNDERGRADUATE DIVISION:	(14)	(4,725.54)	(5,488.96)	(11)	(3,751.79)	(4,344.42)
DIVISION OF SERVICES FOR CRIPPLED CHILDREN:	0	00	00	2	407.35	655.67
GRAND TOTAL:	(239)	(28,943.05)	(38,400.62)	(252)	(42,581.60)	(53,914.36)

* To be consistent with previous reports, total cost means University Benefits plus the cost of benefits under the Workmen's Compensation or O.D. Acts.

SCHEDULE 6

RELATION OF INJURY COSTS TO TOTAL ANNUAL PAYROLL

RELATION OF INJURY COSTS TO TOTAL ANNUAL PAYROLL

Year	Total Annual Payroll	Amount paid by University on Injuries to Employees	Work. Comp. or O.D. Cost	Percent of Injury Costs to Total Payroll	Percent of Work. Comp. or O.D. Costs to Total Payroll
1944 - 45	8 109 186	16 222		0.2000%	
1945 - 46	8 895 000	5 731		0.0640%	
1946 - 47	17 311 112	14 707		0.0850%	
1947 - 48	23 323 264	13 398		0.0570%	
1948 - 49	25 438 883	19 327		0.0760%	
1949 - 50	29 134 839	26 517		0.0909%	
1950 - 51	30 470 619	17 208		0.0565%	
1951 - 52	31 801 212	33 989		0.1068%	
1952 - 53	35 969 804	29 373		0.0816%	
1953 - 54	37 855 681	49 694*	38 712	0.1313%	0.1022
1954 - 55	39 303 520	38 400*	28 943	0.0977%	0.0736
1955 - 56	43 756 102	55 682*	42 581	0.127%	0.0973

* To be consistent with previous reports, total cost means University Benefits plus the cost of benefits under the Illinois Workmen's Compensation or O.D. Acts.

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R E P O R T
of
THE UNIVERSITY OF ILLINOIS COMMITTEE ON
ACCIDENT COMPENSATION
for period
JULY 1, 1956 THROUGH JUNE 30, 1957

1956 - 1957

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UNIVERSITY OF ILLINOIS

University of Illinois
ACCIDENT CASES CONSIDERED BY
THE COMMITTEE ON ACCIDENT COMPENSATION

THE COMMITTEE ON ACCIDENT COMPENSATION

Professor R. F. Lesemann, Chairman

Professor G. T. Frampton

Director Donald E. Dickason

Mr. Max N. Pike, Secretary

Dr. G. W. Doolen
Director of Health Services-Advisor

Mr. H. M. Edwards

Professor G. W. Harper-Advisor

Mr. J. E. Harmon, Advisor

SUB-COMMITTEE

Dr. G. W. Doolen

Professor G. W. Harper

Mr. R. E. Hartz

Mr. J. E. Harmon

Mr. G. McGregor

Mr. Max N. Pike, Secretary

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- Schedule 4 - Analysis of compensable cases.
- Schedule 5 - Comparative summary of accident cases by department, number and total cost.
- Schedule 6 - Summary in relation to payroll.

¹The amounts are the payments made in the period of July 1, 1956 through June 30, 1957.

Comp. Time Lost indicates the amount paid for time lost under the provisions of the Illinois Workmen's Compensation Act, or the Illinois Occupational Diseases Act.

Medical indicates the amount paid for medical treatment under the provisions of the before-mentioned Acts.

P. Disab. Final Settlement indicates the amount paid in settlement of the case under the provisions of the before-mentioned Acts.

O.D. or Work Comp. Costs indicates the total amount paid under the provisions of the before-mentioned Acts.

Univ. Disab. Benefits indicates the amount paid by the University from earned disability benefits.

Retirement Costs indicates the amount paid by the Retirement System in connection with the accident.

* Indicates the case has been reported in the previous year or years.

Indicates the case is still pending.

-- Indicates payments were made in the previous year or years.

Report prepared by Max N. Pike
Supervisor of Accident Compensation
and Alfreda Swanson, Clerk-Steno II

SCHEDULE 1

ACCIDENT CASES CONSIDERED BY THE COMMITTEE ON ACCIDENT

COMPENSATION JULY 1, 1956 THROUGH JUNE 30, 1957

URBANA-CHAMPAIGN

UNIVERSITY OF ILLINOIS COMMITTEE ON ACCIDENT COMPENSATION
July 1, 1956 to June 30, 1957

Urbana-Champaign
Administration and General

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Admissions and Records								
3478	(4)	8-28-56	0	0	1.55	0	0	1 55
Total - Admissions and Records: (1 case)								
			(0)	(0)	(1 55)	(0)	(0)	(1 55)
Dean of Women								
3511	(1)	10-16-56	0	0	14 50	0	0	14 50
Total - Dean of Women: (1 case)								
			(0)	(0)	(14 50)	(0)	(0)	(14 50)
Stenographic Bureau								
3349	(1)*	2-20-56	0	0	384 50	646 00	0	1030 50
3556	(2)	12-12-56	1	0	15 00	0	0	15 00
Total - Stenographic Bureau: (2 cases)								
			(1)	(0)	(399 50)	(646 00)	(0)	(1045 50)

* Case reported previously. # Case pending. -- Some amount paid in previous report.

Urbana-Champaign
Administration and General (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Bureau of Institutional Research								
3646	(2)	6-7-57	0	0	6 00	0	0	6 00
Total - Bureau of Institutional Research: (1 case) (0) (0) (6 00) (6 00)								
Business Office								
3412	(2)	5-23-56	11	22 29	18 00	0	0	40 29
3517	(1)	11-6-56	0	0	10 00	0	0	10 00
3520	(12)	7-6-56	19 1/2	58 29	37 30	0	0	95 59
Total - Business Office: (3 cases) 30 1/2 (80 58) (0) (0) (145 88)								
McKinley Hospital Operations								
3571	(1)	1-28-57	0	0	15 00	0	0	15 00
Total - McKinley Hospital Operations: (1 case) (0) (0) (0) (15 00) (15 00)								

* Case reported previously. # Case pending. -- Some amount paid in previous report.

Urbana-Champaign
Administration and General (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Bursar's Office								
3533	(1)	11-29-57	0	0	15 00	0	0	15 00
Total - Bursar's Office: (1 case) (0)					(15 00)	(0)	(0)	(15 00)
TOTAL - ADMINISTRATION AND GENERAL: (10 cases) (31 1/2)								
					(516 85)	(646 00)	(0)	(1243 43)

* Case reported previously. # Case pending. -- Some amount paid in previous report.

Urbana-Champaign
Liberal Arts and Sciences

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Bacteriology								
3450	(6)	7-16-56	0	0	10 00	0	0	10 00
3538	(1)	12-5-56	0	0	24 00	0	0	24 00
3623	(1)	4-13-57	0	0	12 00	0	0	12 00
Total - Bacteriology: (3 cases)					(46 00)	(0)	(0)	(46 00)
Chemistry and Chemical Engineering								
3386	(12)*	4-7-56	0	0	3 75	0	0	3 75
3598	(3)	3-2-57	0	0	2 00	0	0	2 00
Total - Chemistry and Chemical Engineering: (2 cases)					(5 75)	(0)	(0)	(5 75)
Classics								
3495	(2)	9-19-56	0	0	24 40	0	0	24 40
Total - Classics: (1 case)					(24 40)	(0)	(0)	(24 40)
Entomology								
3607	(1)	11-13-56	0	0	12 00	0	0	12 00
Total - Entomology: (1 case)					(12 00)	(0)	(0)	(12 00)

* Case reported previously. # Case pending. -- Some amount paid in previous report.

Urbana-Champaign
Liberal Arts and Sciences (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Geology								
3441	(1)	6-29-56	0	0	25 00	0	0	25 00
Total - Geology: (1 case)					(25 00)	(0)	(0)	(25 00)
Physiology								
3462	(1)	7-23-56	14	34 00	31 00	297 50	0	362 50
3475	(1)	8-15-56	0	0	6 50	0	0	6 50
Total - Physiology: (2 cases)					(37 50)	(297 50)	(0)	(369 00)
Speech								
3537	(1)	12-5-56	0	0	1 85	0	0	1 85
Total - Speech: (1 case)					(1 85)	(0)	(0)	(1 85)
Political Science								
3463	(2)	2-10-56	0	0	43 40	0	0	43 40
Total - Political Science: (1 case)					(43 40)	(0)	(0)	(43 40)

* Case reported previously. # Case pending. -- Some amount paid in previous report.

Urbana-Champaign
Liberal Arts and Sciences (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. Work or Comp. Cost
Zoology								
3439	(1)	7-7-56	0	0	353 57	259 00	82 88	695 45
3538	(1)	12-5-56	0	0	24 00	0	0	24 00
Total - Zoology: (2 cases)					(377 57)	(259 00)	(82 88)	(719 45)
TOTAL - LIBERAL ARTS AND SCIENCES: (14 cases)								
					(34 00)	(556 50)	(82 88)	(1246 85)

* Case reported previously. # Case pending. -- Some amount paid in previous report.

Urbana-Champaign
Agriculture

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Dixon Springs Experiment Station								
3428	(2)	6-20-57	7 - Death	0	735 25	1840 00	1 00	2576 25
3467	(2)	8-17-56	81	428 14	160 50	0	0	588 64
3468	(1)	7-19-56	0	0	13 00	0	0	13 00
3523	(1)	11-7-56	60	300 00	330 63	0	0	630 63
3561	(1)	12-17-56	0	0	5 00	0	0	5 00
3601	(12)	1947	13	0	126 00	0	0	126 00
3612	(1)	3-20-57	5	0	24 00	0	0	24 00
3622	(2)	4-1-57	0	0	15 00	0	0	15 00
3650	(2)	6-8-57	0	0	10 00	0	0	10 00
Total - Dixon Springs Experiment Station: (9 cases)					(1419 38)	(1840 00)	(1 00)	(3988 52)
Agriculture Administration								
3456	(2)	7-31-56	0	0	15 00	0	0	15 00
Total - Agriculture Administration: (1 case)					(15 00)	(0)	(0)	(15 00)

* Case reported previously. # Case pending. -- Some amount paid in previous report.

Urbana-Champaign
Agriculture (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Agricultural Engineering								
3594	(1)	3-1-57	0	0	51 90	0	0	51 90
Total - Agricultural Engineering: (1 case)								
			(0)	(0)	(51 90)	(0)	(0)	(51 90)
Agronomy								
3393	(2)*	4-17-56	31	74 18	0	0	0	74 18
3483	(1)	9-5-57	0	0	4 00	0	0	4 00
3499	(12)	10-2-56	0	0	5 00	0	0	5 00
3525	(1)	11-15-56	5	0	8 00	0	0	8 00
Total - Agronomy: (4 cases)								
			(36)	(74 18)	(17 00)	(0)	(0)	(91 18)
Animal Science								
3238	(1)*	9-1-55	0	0	99 00	2280 00	0	2379 00
3421	(2)	6-19-56	1 1/2	0	70	68 00	0	68 70
3493	(2)	9-20-56	0	0	8 50	0	0	8 50
3557	(1&2)	11-27-56	0	0	15 00	0	0	15 00

* Case reported previously. # Case pending. -- Some amount paid in previous report.

Urbana-Champaign
Agriculture (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Animal Science (continued)								
3649	(1)	6-10-57	0	0	10 00	0	0	10 00
3652	(4)	6-13-57	0	0	5 00	0	0	5 00
Total - Animal Science: (6 cases)			(1 1/2)	(0)	(138 20)	(2348 00)	(0)	(2486 20)

Dairy Science

3411	(2)	4-25-56	0	0	10 00	0	0	10 00
3433	(4)	6-17-56	0	0	3 00	0	0	3 00
3437	(2)	6-6-56	2	0	15 00	0	0	15 00
3479	(12)	8-1-56	0	0	2 50	0	0	2 50
3485	(1)	9-3-56	0	0	4 50	0	0	4 50
3502	(1)	8-22-56	0	0	1 35	0	0	1 35
3510	(5)	10-11-56	0	0	17 40	0	0	17 40
3522	(1)	11-10-56	0	0	1 50	0	0	1 50
3529	(12)	11-19-56	3	0	111 50	0	0	111 50
3530	(1)	11-23-56	0	0	2 00	0	0	2 00

* Case reported previously. # Case pending. -- Some amount paid in previous report.

Urbana-Champaign
Agriculture (continued)

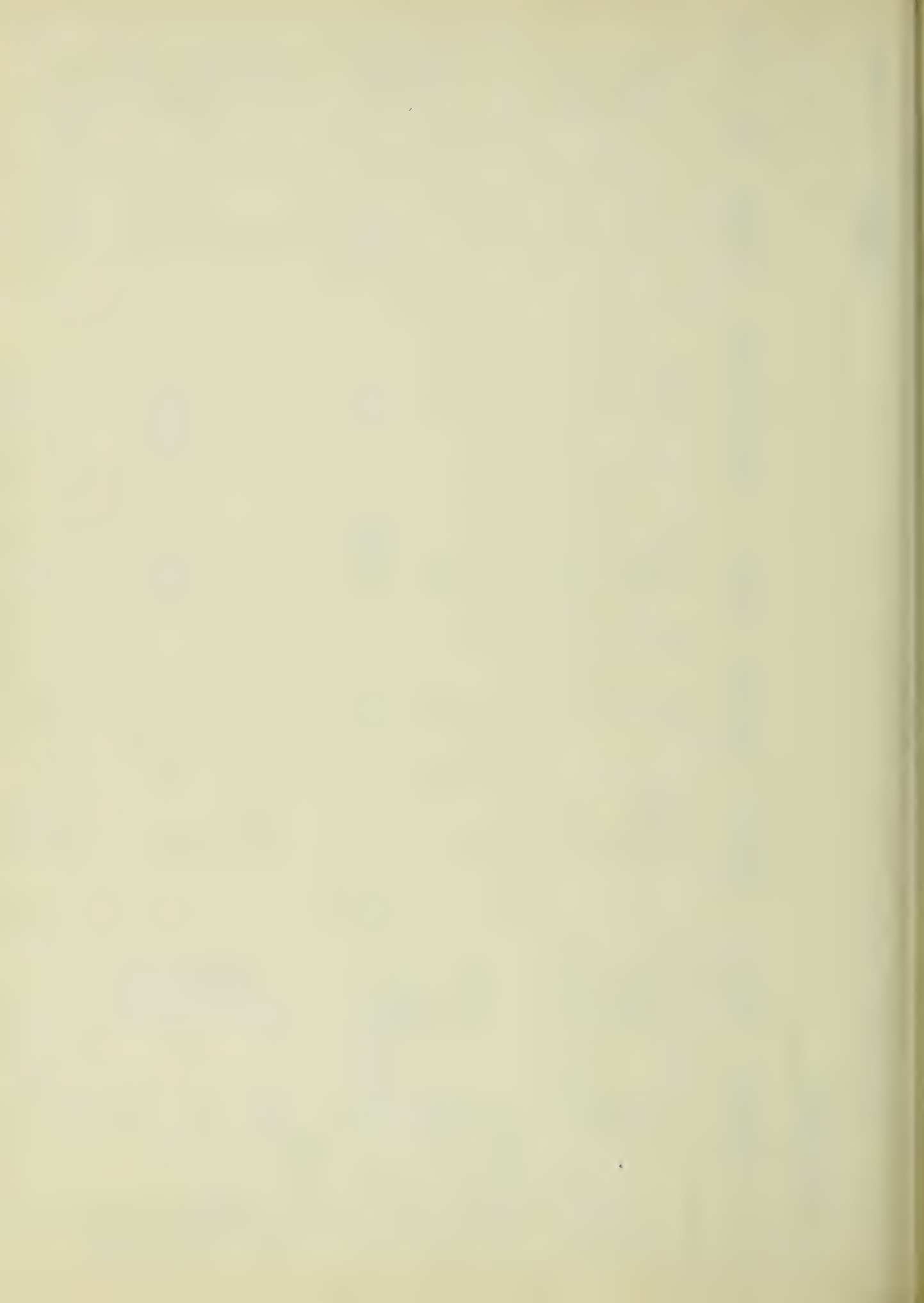
Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Dairy Science (continued)								
3564	(2)	12-16-56	0	0	15 00	0	0	15 00
3606	(1)	3-5-57	0	0	8 50	0	0	8 50
3624	(1)	4-17-57	0	0	25 50	0	0	25 50
Total - Dairy Science: (13 cases)					(217 75)	(0)	(0)	(217 75)
Dairy Technology								
3470	(2)#	8-22-56	0	0	153 00	0	0	153 00
Total - Dairy Technology: (1 case)					(153 00)	(0)	(0)	(153 00)
Food Technology								
3454	(1)	8-2-56	0	0	72	0	0	72
3544	(1)	10-11-56	0	0	4 50	0	0	4 50
3552	(3)	11-7-56	0	0	12 00	0	0	12 00
3563	(1)	12-31-56	0	0	12 25	0	0	12 25
Total - Food Technology: (4 cases)					(29 47)	(0)	(0)	(29 47)

* Case reported previously. # Case pending. -- Some amount paid in previous report.

Urbana-Champaign
Agriculture (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Forestry								
3504	(5)	8-30-56	4 1/2	0	18 25	0	0	18 25
3611	(12)	2 - 57	0	0	27 10	0	0	27 10
Total - Forestry: (2 cases)			(4 1/2)	(0)	(45 35)	(0)	(0)	(45 35)
Home Economics								
3600	(2)	2-14-57	0	0	0	0	0	0
3609	(6)	Oct. or Nov. 1956	0	0	8 00	0	0	8 00
Total - Home Economics: (2 cases)			(0)	(0)	(8 00)	(0)	(0)	(8 00)
Horticulture								
3427	(12)	6-6-56	11 1/2	0	25 25	0	0	25 25
3440	(3)	6-16-56	7	0	34 85	0	0	34 85
3528	(5)	10-27-56	90	330 28	437 10	747 99	0	1515 37
3555	(1)	11-21-56	25	87 43	62 50	0	0	149 93
3617	(1)	4-4-57	0	0	20 00	0	0	20 00
Total - Horticulture: (5 cases)			(133 1/2)	(417 71)	(579 70)	(747 99)	(0)	(1745 40)

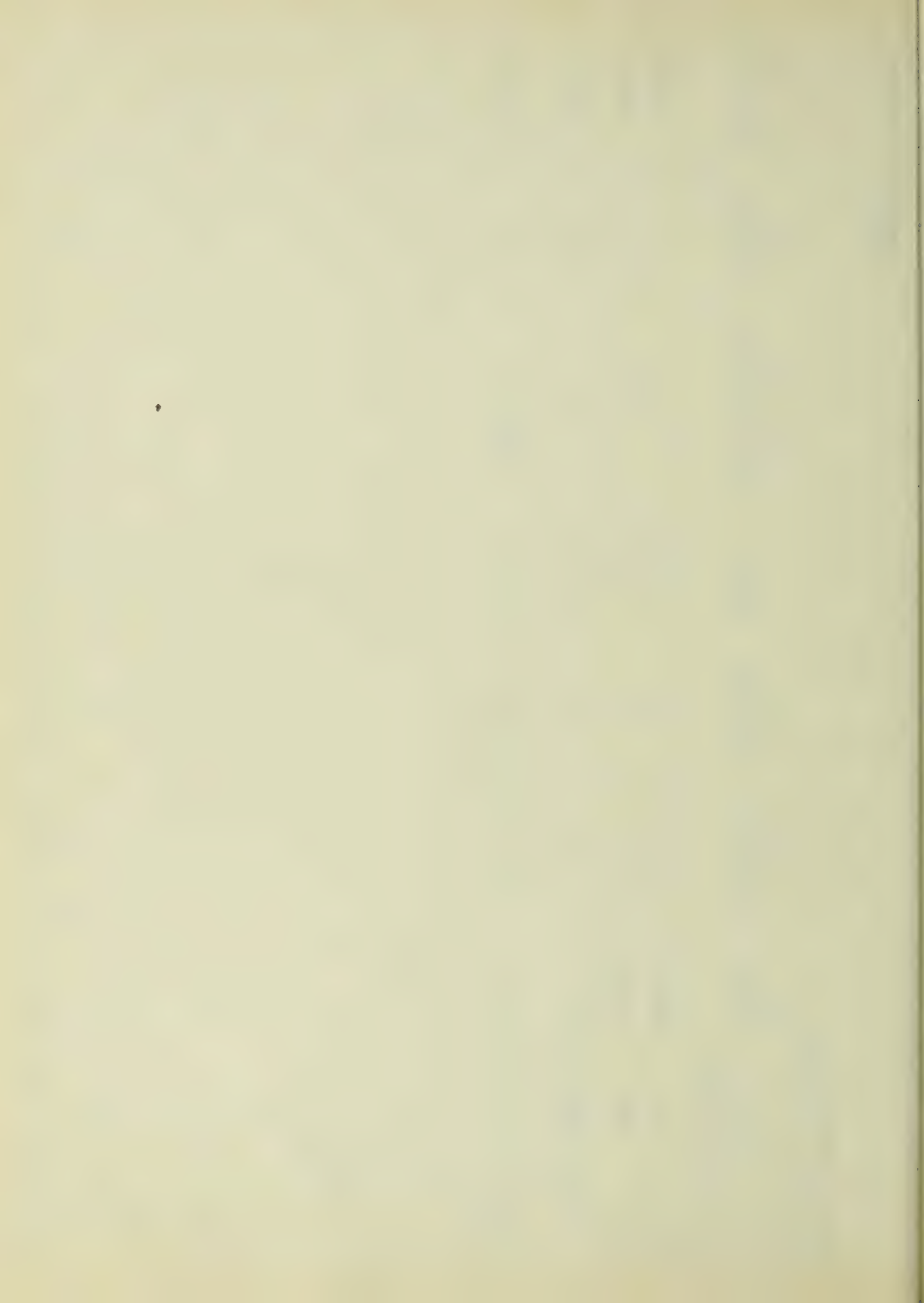
* Case reported previously. # Case pending. -- Some amount paid in previous report.



Urbana-Champaign
Agriculture (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Robert Allerton Park								
3451	(1)	7-20-56	0	0	23 00	0	0	23 00
3466	(1)	8-13-56	0	0	26 50	0	0	26 50
Total - Robert Allerton Park: (2 cases)								
			(0)	(0)	(49 50)	(0)	(0)	(49 50)
TOTAL - AGRICULTURE: (50 cases)								
			(346 1/2)	(1220 03)	(2724 25)	(4935 99)	(1 00)	(8881 27)

* Case reported previously. # Case pending. -- Some amount paid in previous report.



Urbana-Champaign
Engineering

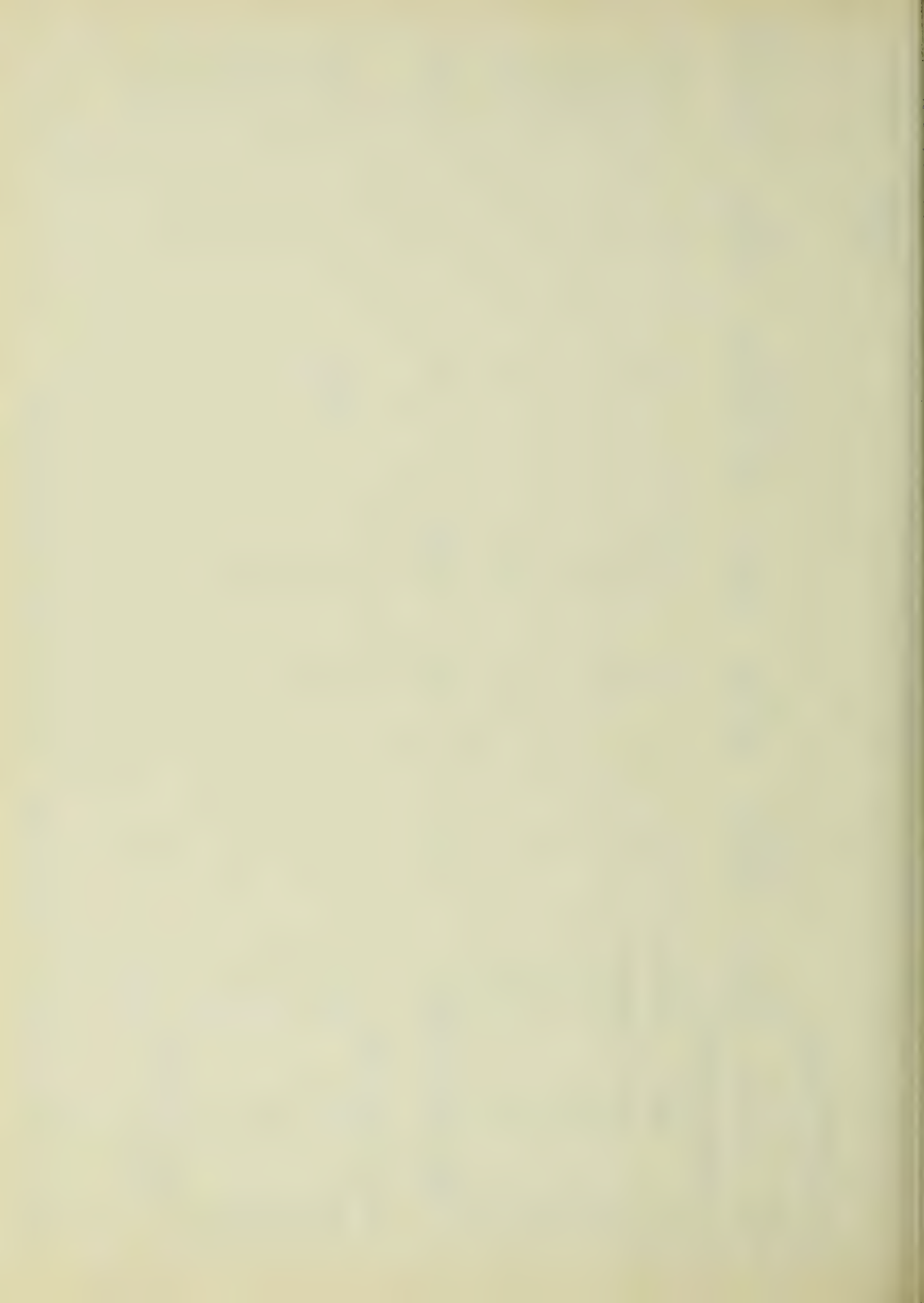
Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Ceramic Engineering								
3207	(12)	1946-1949	0	0	0	0	77 00	77 00
Total - Ceramic Engineering:			(0)	(0)	(0)	(0)	(77 00)	(77 00)
(1 case)								
Chemical Engineering								
3562	(1)	12-27-56	0	0	9 00	0	0	9 00
3580	(1)	1-20-57	0	0	8 50	0	0	8 50
Total - Chemical Engineering:			(0)	(0)	(17 50)	(0)	(0)	(17 50)
(2 cases)								
Civil Engineering								
3326	(11)*	9-1-55	0	0	168 00	0	0	168 00
3438	(2)	6-27-56	0	0	6 15	0	0	6 15
3509	(2)	8-27-54	0	0	15 00	0	0	15 00
3565	(1)	11-7-56	0	0	8 50	0	0	8 50
3614	(5)	4-2-57	0	0	14 90	0	0	14 90
Total - Civil Engineering:			(0)	(0)	(212 55)	(0)	(0)	(212 55)
(5 cases)								

* Case reported previously. # Case pending. -- Some amount paid in previous report.

Urbana-Champaign
Engineering (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Control Systems Laboratory								
3316	(12)*	12-14-55	0	0	6 00	0	0	6 00
3319	(2)*	12-27-55	0	0	50 00	0	0	50 00
3409	(2)	1-3-56	0	0	39 50	0	0	39 50
3410	(1)	5-21-56	1	0	35 35	0	0	35 35
3577	(1)	1-28-57	0	0	10 00	0	0	10 00
Total - Control Systems Laboratory: (5 cases)				(0)	(140 85)	(0)	(0)	(140 85)
Electrical Engineering								
3237	(1)*	8-29-55	0	0	0	102 00	0	102 00
3447	(1)	7-12-56	0	0	6 00	0	0	6 00
3507	(1)	10-9-56	0	0	2 10	0	0	2 10
3569	(2)	1-21-57	7	0	25 00	0	0	25 00
Total - Electrical Engineering: (4 cases)				(0)	(33 10)	(102 00)	(0)	(135 10)

* Case reported previously. # Case pending. -- Some amount paid in previous report.



Urbana-Champaign
Engineering (continued)

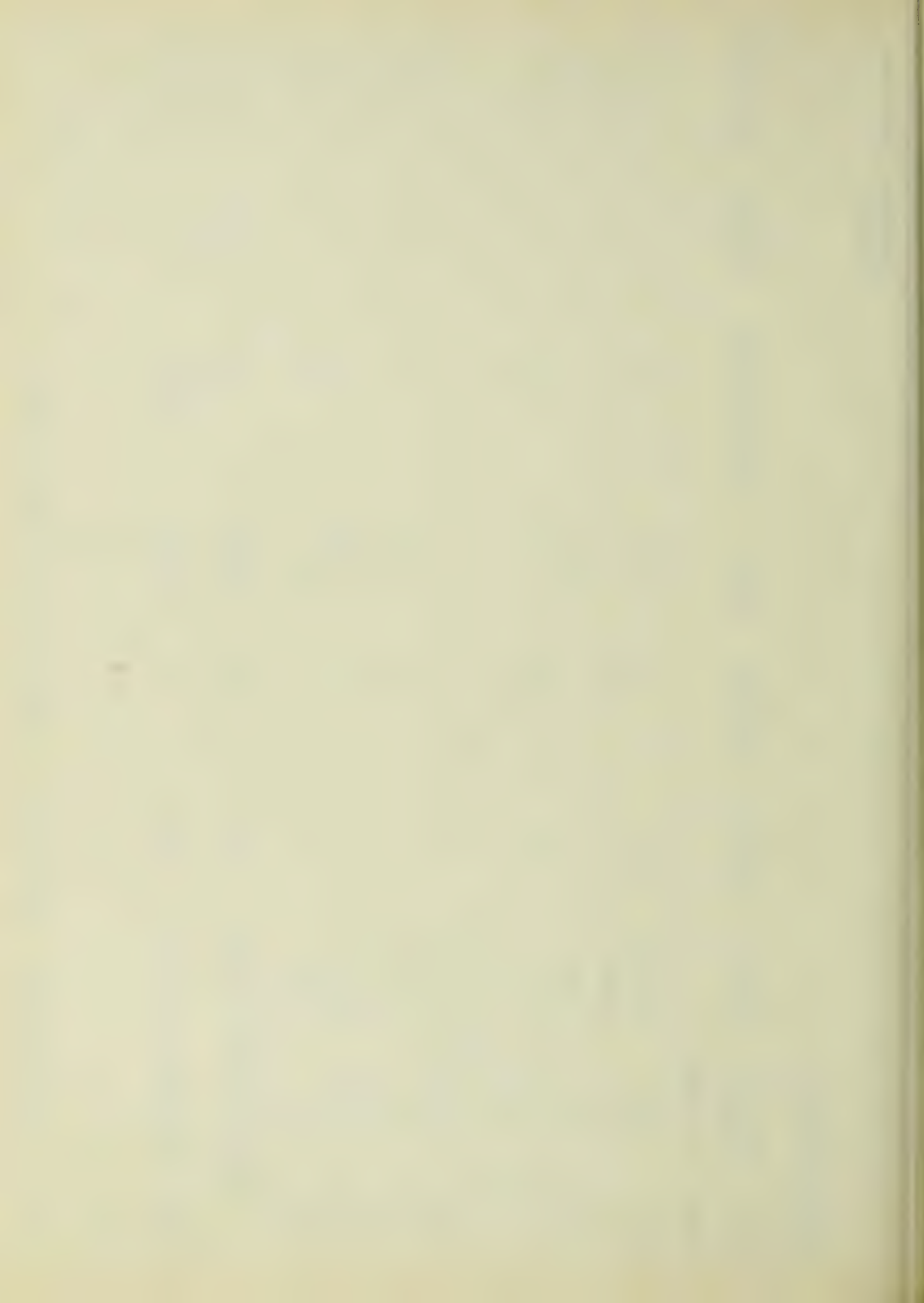
Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Mechanical Engineering								
3487	(1)	8-7-56	2 1/2	0	8 50	0	0	8 50
3549	(1)	12-13-56	0	0	2 10	0	0	2 10
3578	(1)	2-4-57	0	0	8 50	0	0	8 50
Total - Mechanical Engineering: (3 cases)				(0)	(19 10)	(0)	(0)	(19 10)
Mining and Metallurgical Engineering								
3618	(4)	4-5-57	0	0	5 00	0	0	5 00
Total - Mining and Metallurgical Engineering: (1 case)				(0)	(5 00)	(0)	(0)	(5 00)
Physics								
3432	(1)	?	0	0	19 00	0	0	19 00
3465	(1)	8-5-56	0	0	7 00	0	0	7 00
3469	(1)	7-23-56	0	0	12 50	0	0	12 50
3508	(11)	9-21-56	0	0	45 60	0	0	45 60
3514	(1)	10-26-56	0	0	3 40	0	0	3 40

* Case reported previously. # Case pending. -- Some amount paid in previous report.

Urbana-Champaign
Engineering (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Physics (continued)								
3542	(2)	12-11-56	0	0	15 50	0	0	15 50
3575	(4)	1-27-57	0	0	5 00	0	0	5 00
3603	(1)	3-12-57	0	0	53 50	0	0	53 50
Total - Physics: (8 cases)				(0)	(161 50)	(0)	(0)	(161 50)
Theoretical and Applied Mechanics								
3448	(1)	7-20-56	0	0	1 70	0	0	1 70
3554	(2)	10-27-56	0	0	15 00	0	0	15 00
3610	(1)	3-25-57	0	0	5 00	0	0	5 00
3619	(2)	3-23-57	0	0	615 85	0	0	615 85
Total - Theoretical and Applied Mechanics: (4 cases)				(0)	(637 55)	(0)	(0)	(637 55)
TOTAL - ENGINEERING: (33 cases)				(0)	(1227 15)	(102 00)	(77 00)	(1406 15)

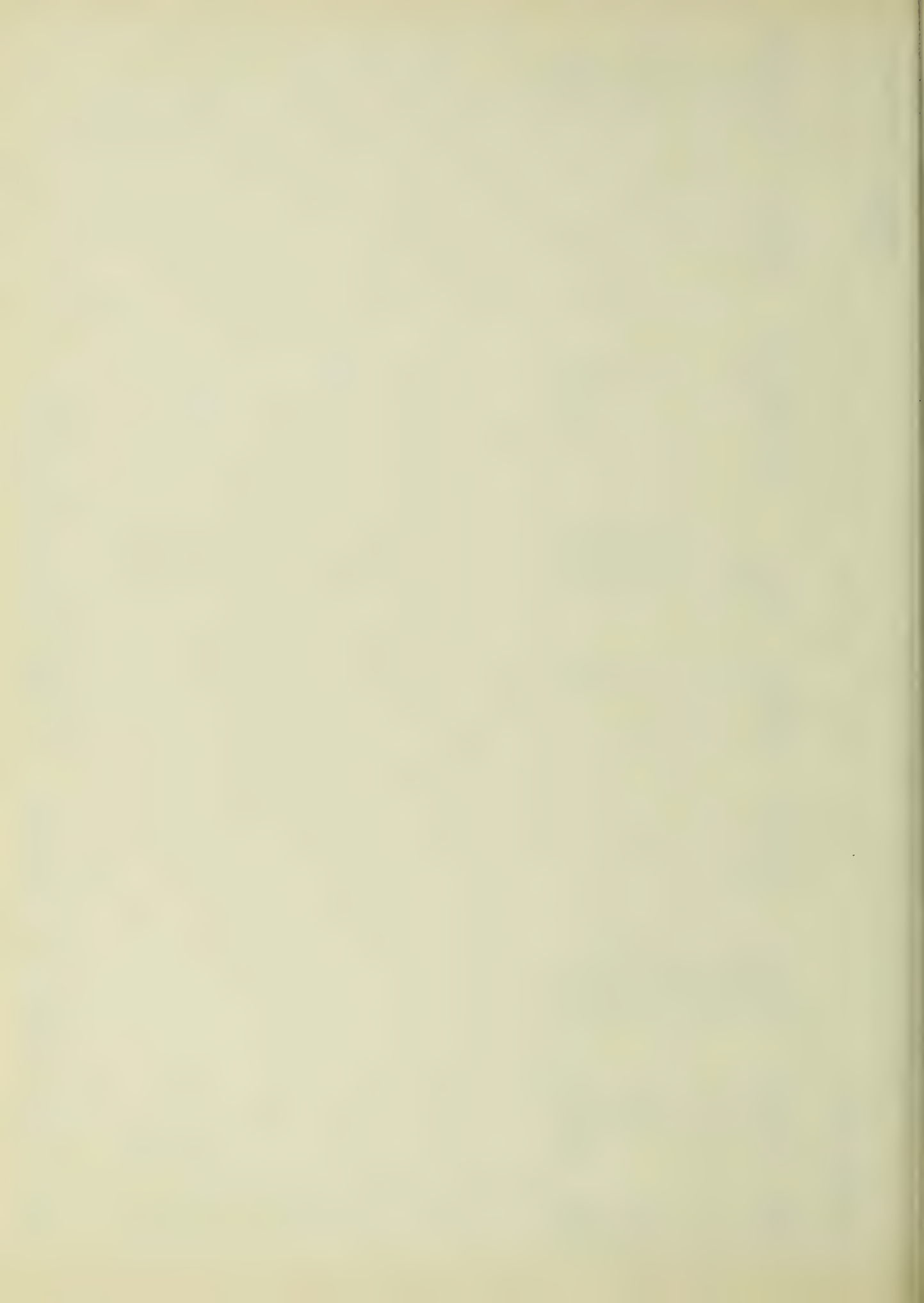
* Case reported previously. # Case pending. -- Some amount paid in previous report.



Urbana-Champaign
Education

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
3385	(1)	3-26-56	0	0	25 45	900 00	0	925 45
3444	(2)	6-29-56	0	0	8 50	0	0	8 50
3489	(1)	7-10-56	0	0	14 25	0	0	14 25
3576	(1)	1-29-57	0	0	43 00	0	0	43 00
TOTAL - EDUCATION: (4 cases)					(91 20)	(900 00)	(0)	(991 20)

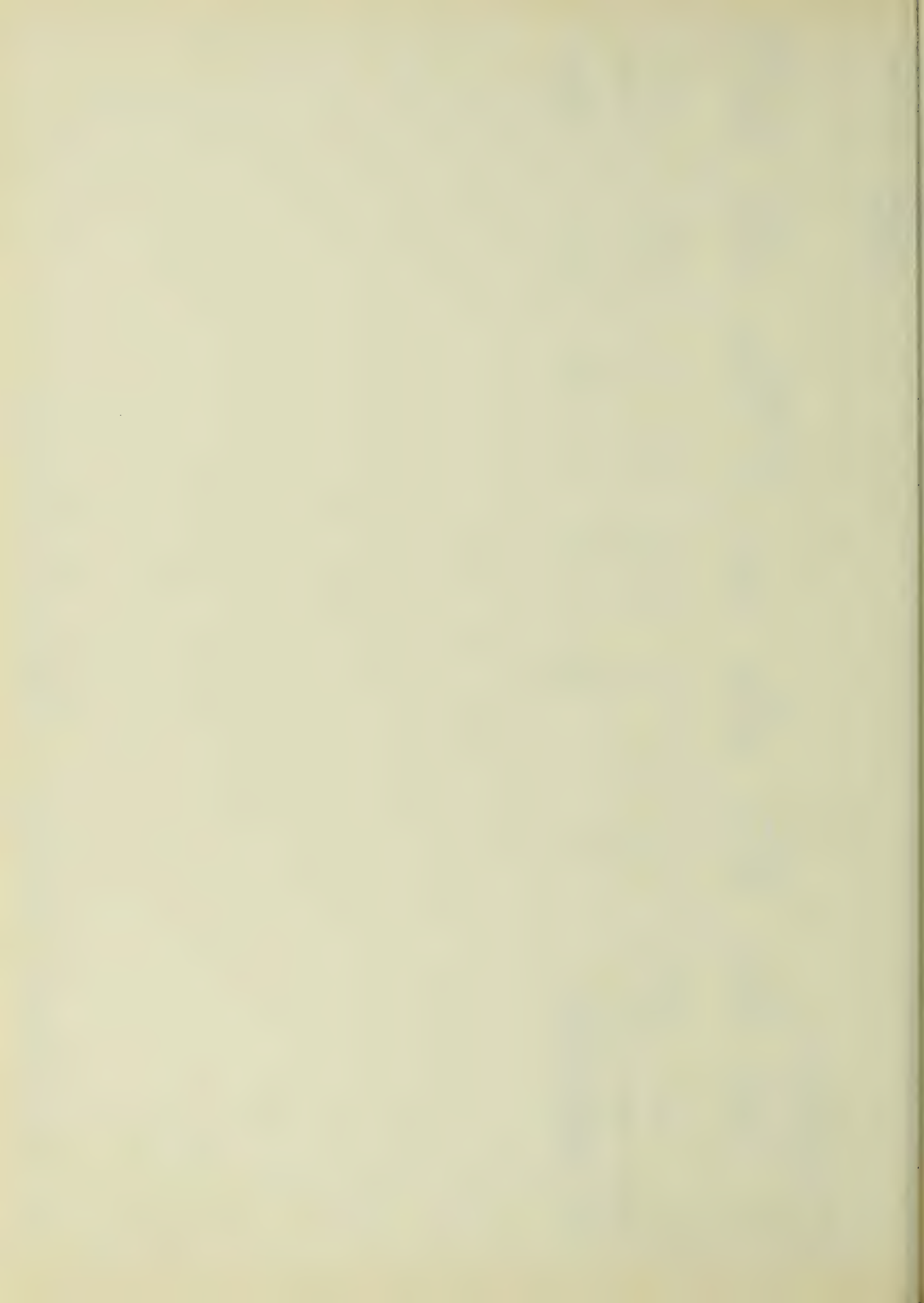
* Case reported previously. # Case pending. -- Some amount paid in previous report.



Urbana-Champaign
Fine and Applied Arts

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
3317	(2)	12-3-55	0	0	0	0	49 90	49 90
Total - Art: (1 case)			(0)	(0)	(0)	(0)	(49 90)	(49 90)
TOTAL - FINE AND APPLIED ARTS: (1 case)			(0)	(0)	(0)	(0)	(49 90)	(49 90)

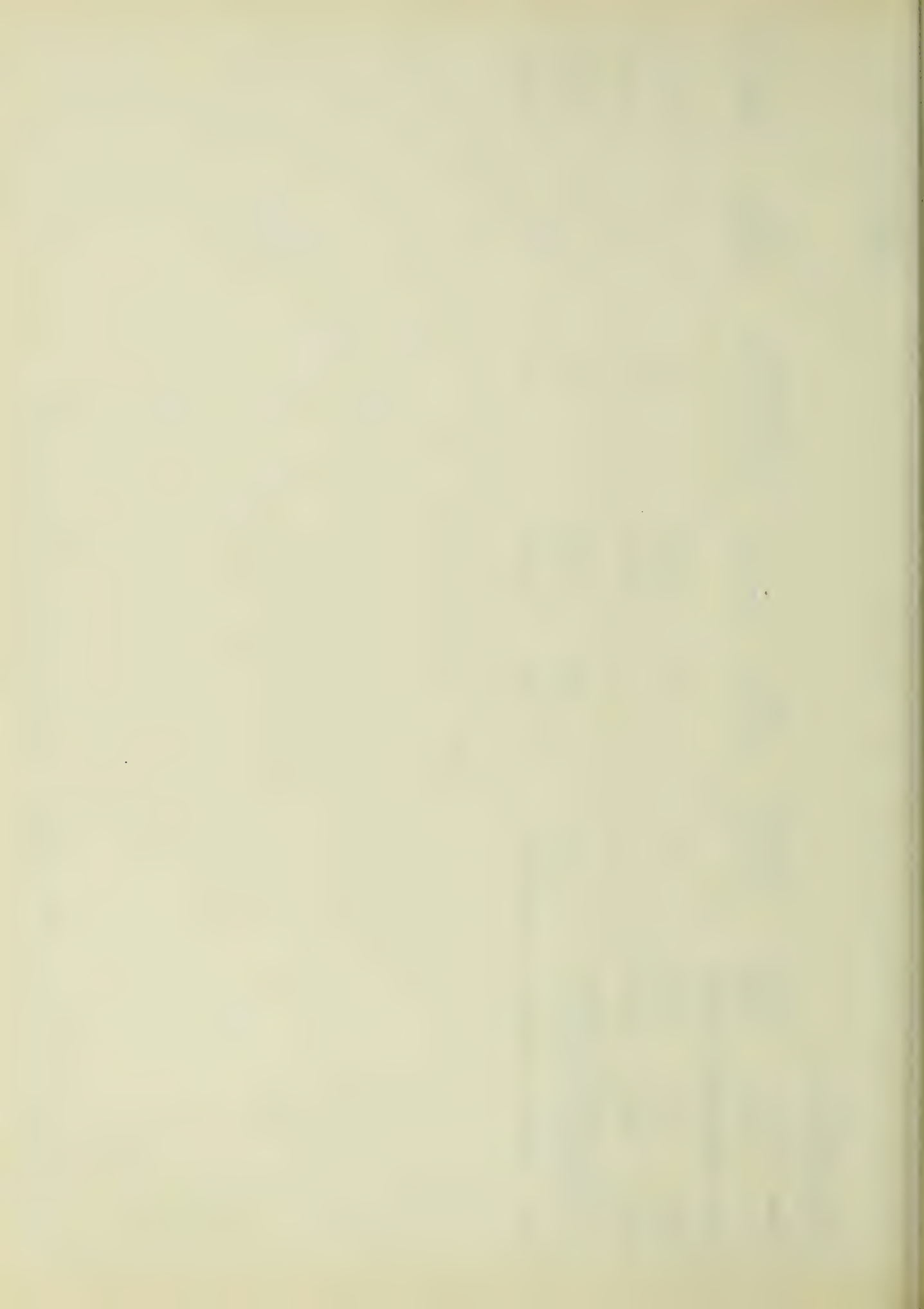
* Case reported previously. # Case pending. -- Some amount paid in previous report.



Urbana-Champaign
Physical Education

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Physical Education for Men								
3560	(12)	1-7-57	0	0	25 00	0	0	25 00
3602	(12)	2-26-57	7	0	46 50	0	0	46 50
Total - Physical Education for Men: (2 cases)								
			(7)	(0)	(71 50)	(0)	(0)	(71 50)
TOTAL - PHYSICAL EDUCATION: (2 cases)								
			(7)	(0)	(71 50)	(0)	(0)	(71 50)

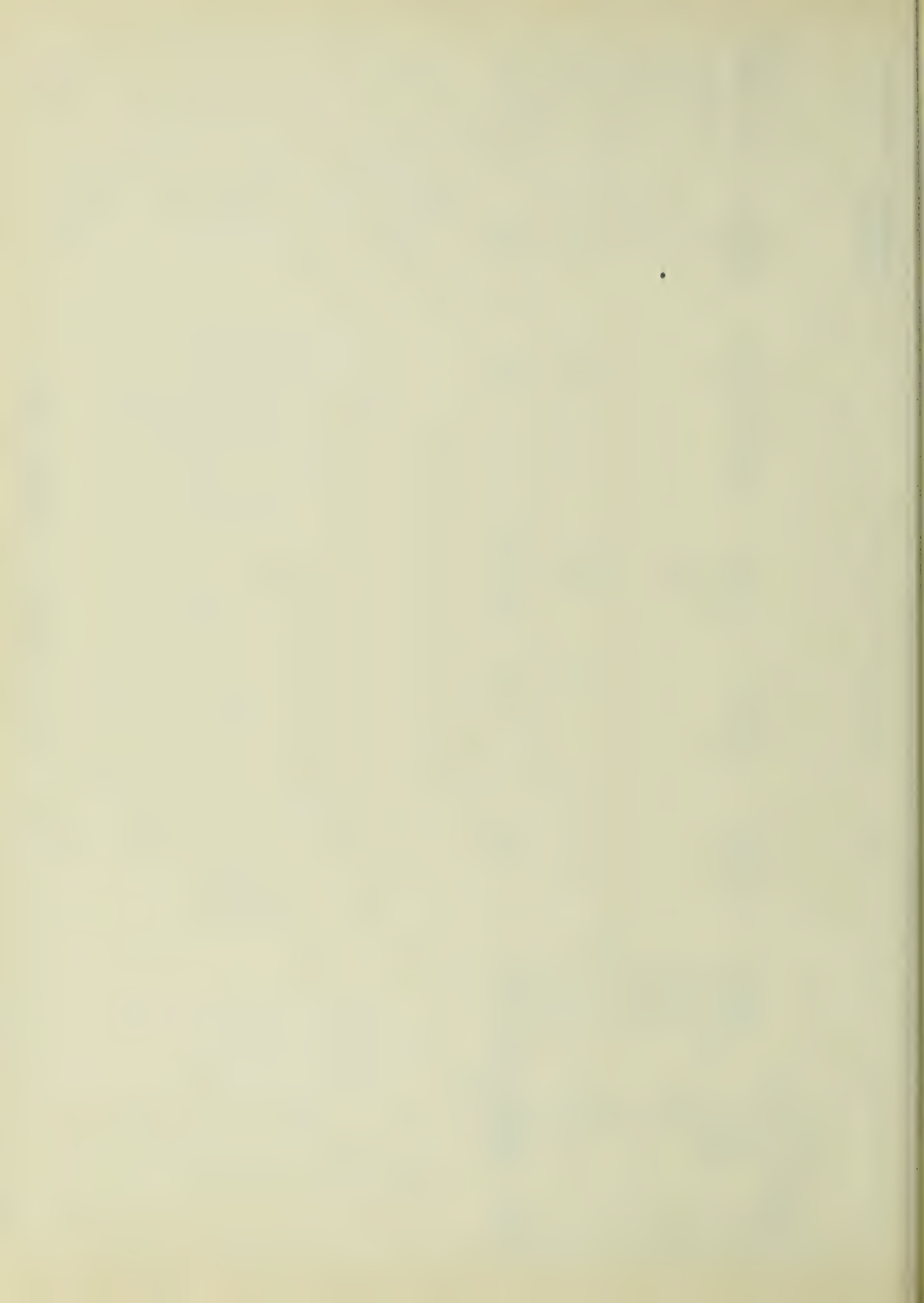
* Case reported previously. # Case pending. -- Some amount paid in previous report.



Urbana-Champaign
Veterinary Medicine

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
3449	(184)	7-16-56	0	0	105 00	0	0	105 00
3480	(1)	7-16-56	3	0	0	0	0	0
3515	(2)	10-18-56	4	0	11 00	0	0	11 00
3604	(11)	3-4-57	0	0	7 75	0	0	7 75
TOTAL - VETERINARY MEDICINE: (4 cases)			(7)	(0)	(123 75)	(0)	(0)	(123 75)

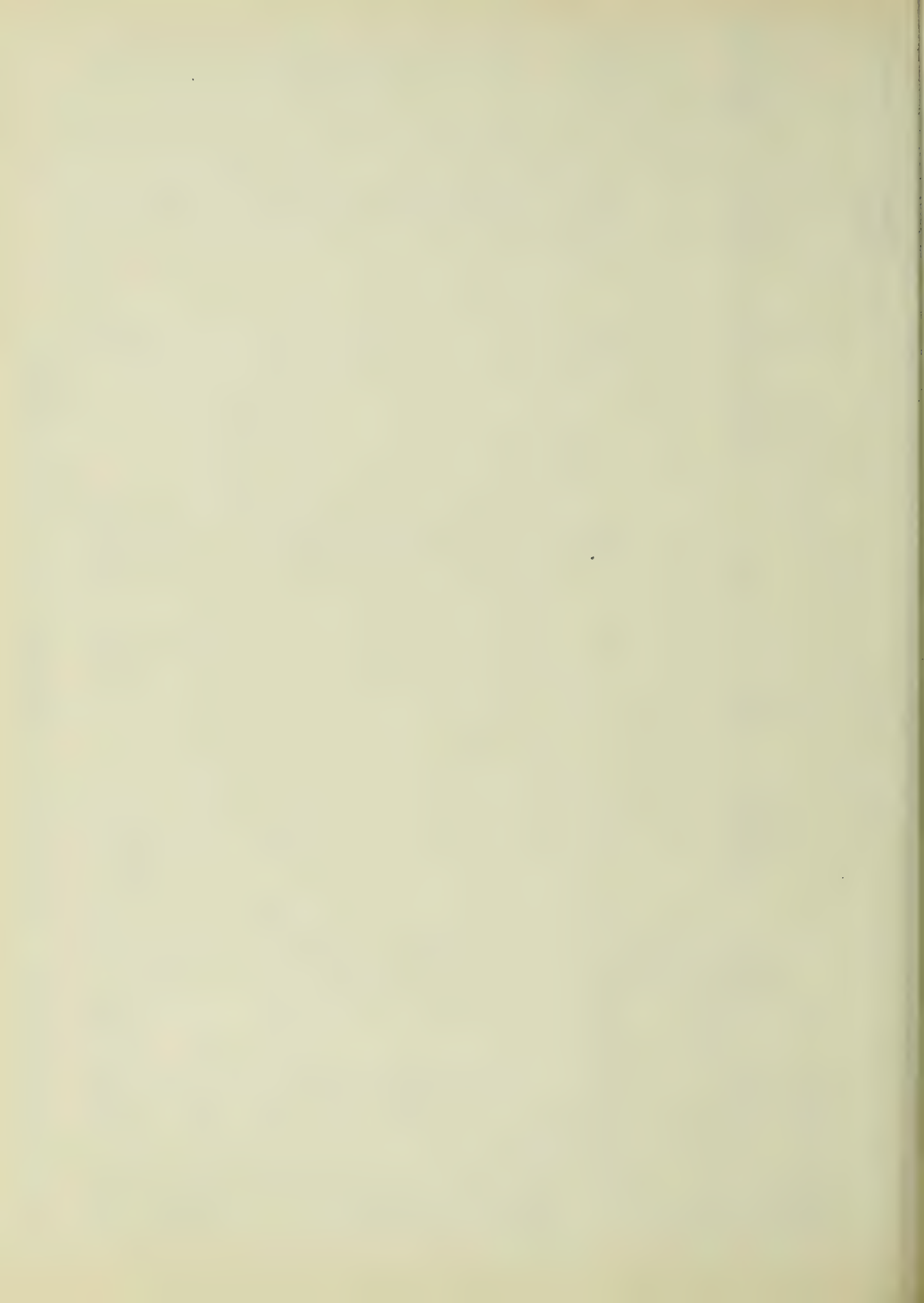
* Case reported previously. # Case pending. -- Some amount paid in previous report.



Urbana-Champaign
Communications

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Television and Motion Pictures								
3460	(2)	7-30-56	0	0	1 34	0	0	1 34
Total - Television and Motion Pictures: (1 case)			(0)	(0)	(1 34)	(0)	(0)	(1 34)
Print Shop								
3452	(2)	7-12-56	0	0	4 70	0	0	4 70
3574	(2)	1-23-57	0	0	8 50	0	0	8 50
3579	(12)	1-30-57	7	0	10 00	0	0	10 00
3586	(5)	2-18-57	0	0	15 35	0	0	15 35
3641	(4)	5-23-57	0	0	1 00	0	0	1 00
Total - Print Shop: (5 cases)			(7)	(0)	(39 55)	(0)	(0)	(39 55)
University Press								
3405	(12)	4-17-56	0	0	15 50	0	0	15 50
Total - University Press: (1 case)			(0)	(0)	(15 50)	(0)	(0)	(15 50)
TOTAL - COMMUNICATIONS: (7 cases)			(7)	(0)	(56 39)	(0)	(0)	(56 39)

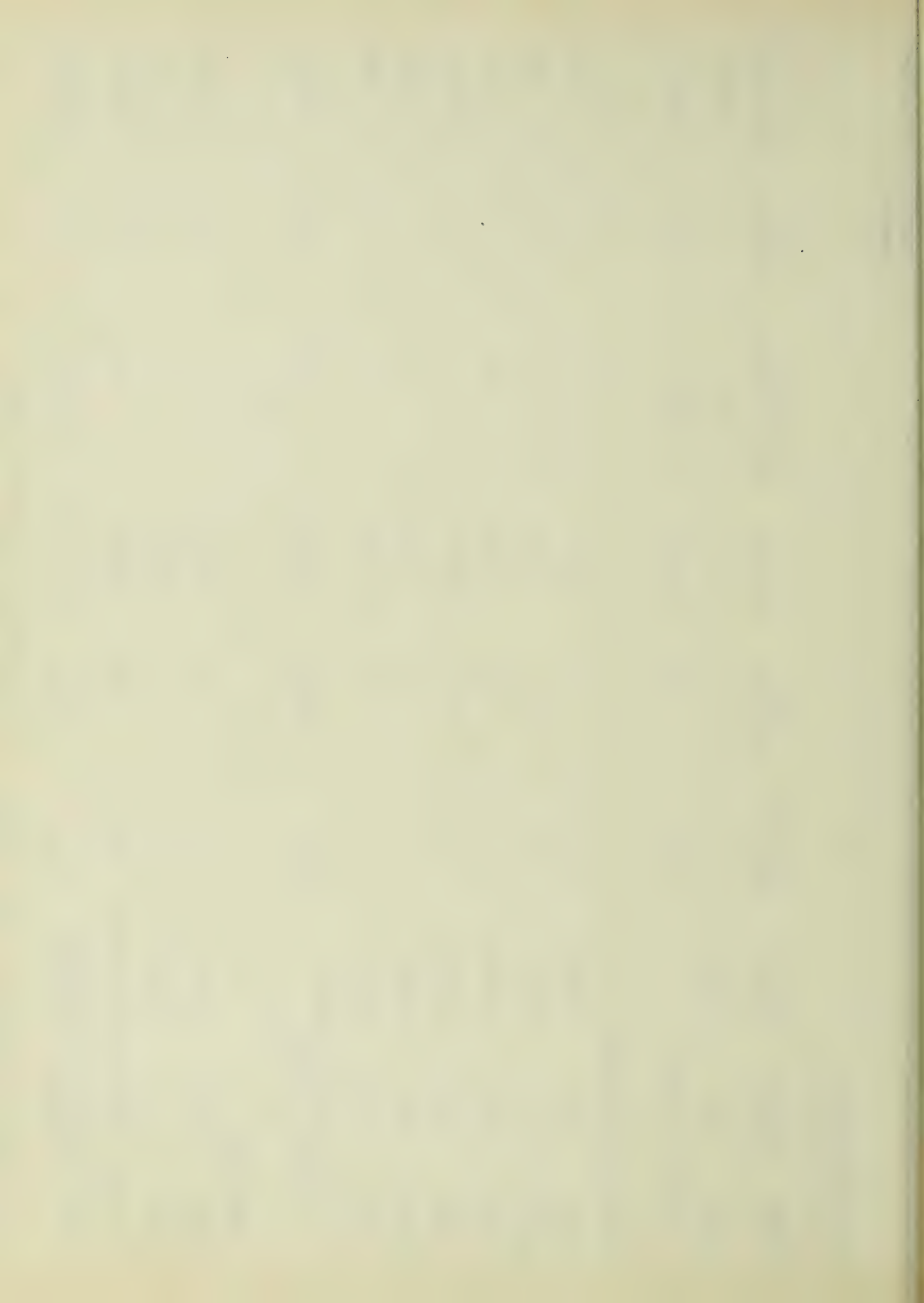
* Case reported previously. # Case pending. -- Some amount paid in previous report.



Urbana-Champaign
University Extension

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
3394	(2)	3-14-56	0	0	46 50	2073 57	0	2120 07
Total - (1 case)								
			(0)	(0)	(46 50)	(2073 57)	(0)	(2120 07)
Robert Allerton House								
3421	(1)	5-11-56	0	0	3 00	0	0	3 00
3476	(1)	8-17-56	0	0	5 00	0	0	5 00
3519	(1)	11-7-56	0	0	3 00	0	0	3 00
3593	(2)	2-20-57	20	68 71	18 00	0	0	86 71
3613	(1)	2-20-57	0	0	4 00	0	0	4 00
3639	(3)	5-5-57	0	0	9 00	0	0	9 00
Total - Robert Allerton House: (6 cases)								
			(20)	(68 71)	(42 00)	(0)	(0)	(110 71)
Visual Aids								
3482	(2)	9-5-56	4	0	16 70	0	0	16 70
3645	(1)	5-24-57	0	0	6 50	0	0	6 50
Total - Visual Aids: (2 cases)								
			(4)	(0)	(23 20)	(0)	(0)	(23 20)
TOTAL - DIVISION OF UNIVERSITY EXTENSION: (9 cases)								
			(24)	(68 71)	(111 70)	(2073 57)	(0)	(2253 98)

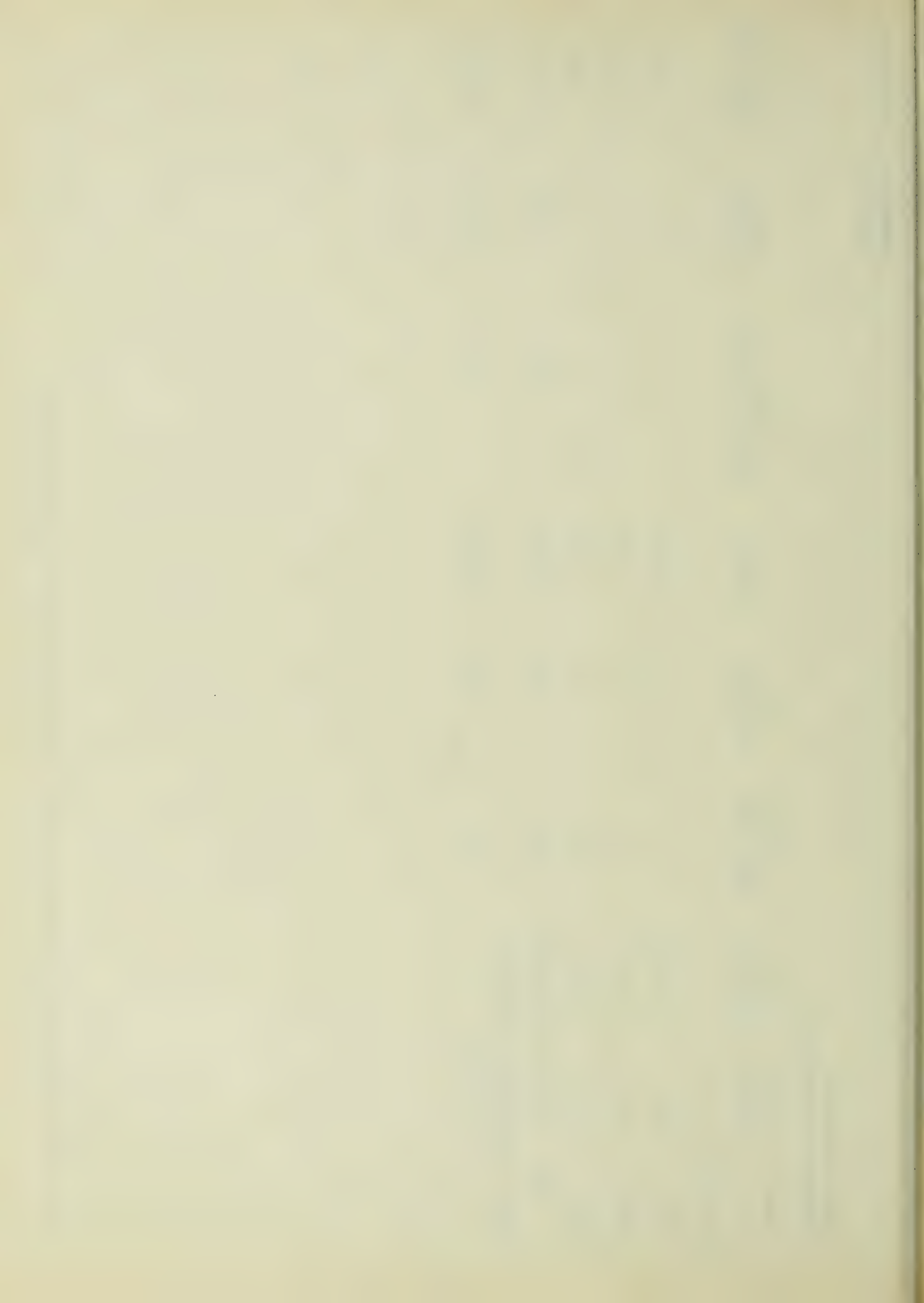
* Case reported previously. # Case pending. -- Some amount paid in previous report.



Urbana-Champaign
Institute of Aviation

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Air Port								
3513	(12)	10-4-56	0	0	12 00	0	0	12 00
3566	(1)	1-17-57	0	0	5 00	0	0	5 00
3599	(2)	3-6-57	0	0	2 25	0	0	2 25
Total - Air Port: (3 cases)			(0)	(0)	(19 25)	(0)	(0)	(19 25)
TOTAL - INSTITUTE OF AVIATION:								
(3 cases)			(0)	(0)	(19 25)	(0)	(0)	(19 25)

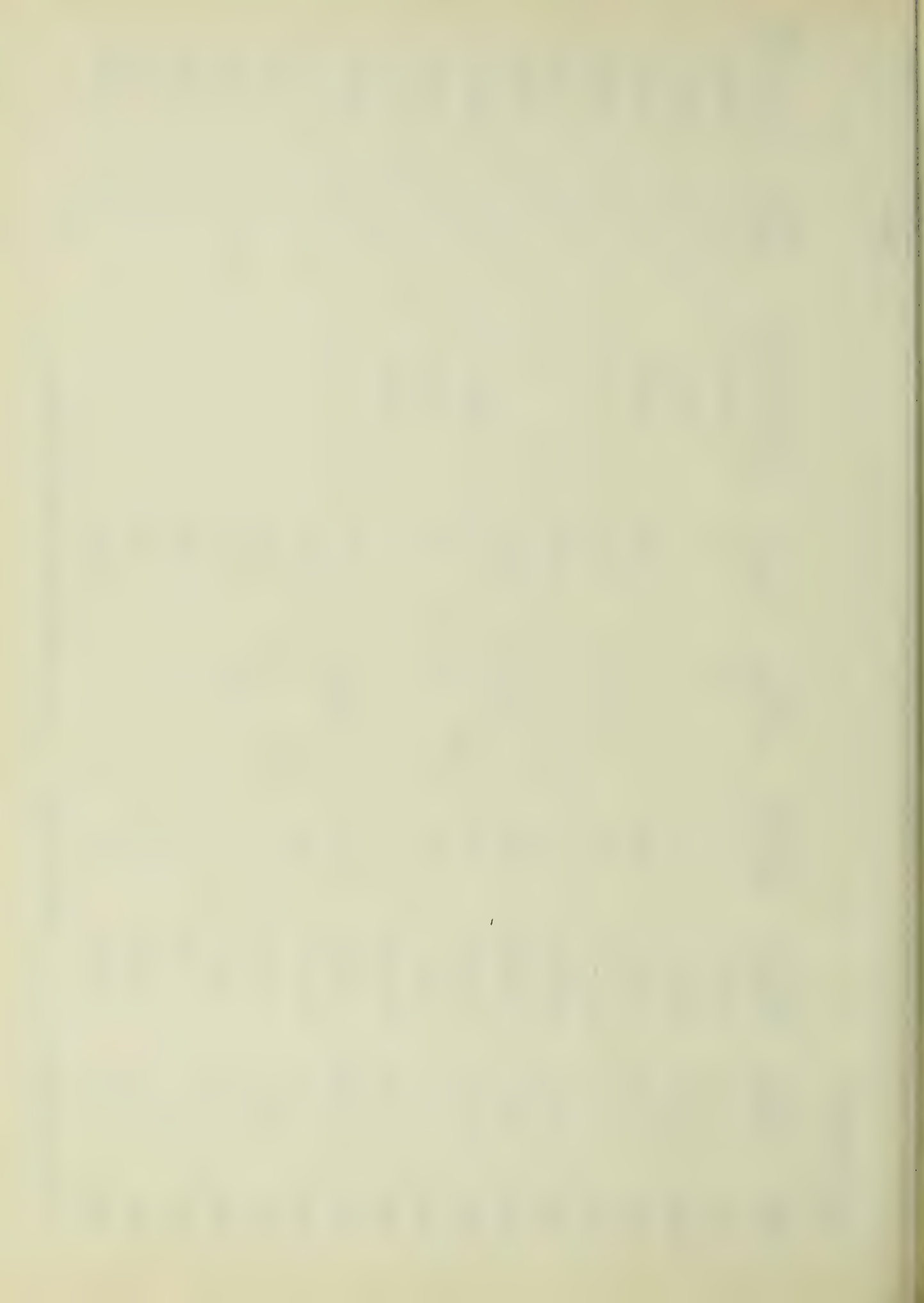
* Case reported previously. # Case pending. -- Some amount paid in previous report.



Urbana-Champaign
Physical Plant

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
1391	(2)*	9-27-45	0	0	0	4100 00	0	4100 00
2825	(2)*	4-9-53	0	0	0	2500 00	0	2500 00
3234	(5)*	8-23-55	26	0	5 00	2500 00	0	2505 00
3276	(2)*	10-6-55	43	215 00	32 00	0	0	247 00
3285	(12)*	9-22-55	0	0	10 50	0	0	10 50
3321	(2)*	12-23-55	31	155 00	630 55	0	0	785 55
3345	(12)	12-3-55	87	0	0	4000 00	0	4000 00
3360	(9)	2-21-56	0	0	0	350 00	0	350 00
3375	(1)*	3-14-56	0	0	0	357 00	0	357 00
3384	(2)*#	3-28-56	354	1770 00	52 25	0	0	1822 25
3402	(2)*	4-20-56	0	0	28 00	0	0	28 00
3414	(2)	5-23-56	0	0	8 50	0	0	8 50
3415	(1)	4-23-56	0	0	1 50	0	0	1 50
3416	(2)	5-11-56	0	0	8 50	0	0	8 50
3417	(1)	9-28-55	0	0	1 50	0	0	1 50
3420	(2)	5-24-56	0	0	10 00	0	0	10 00

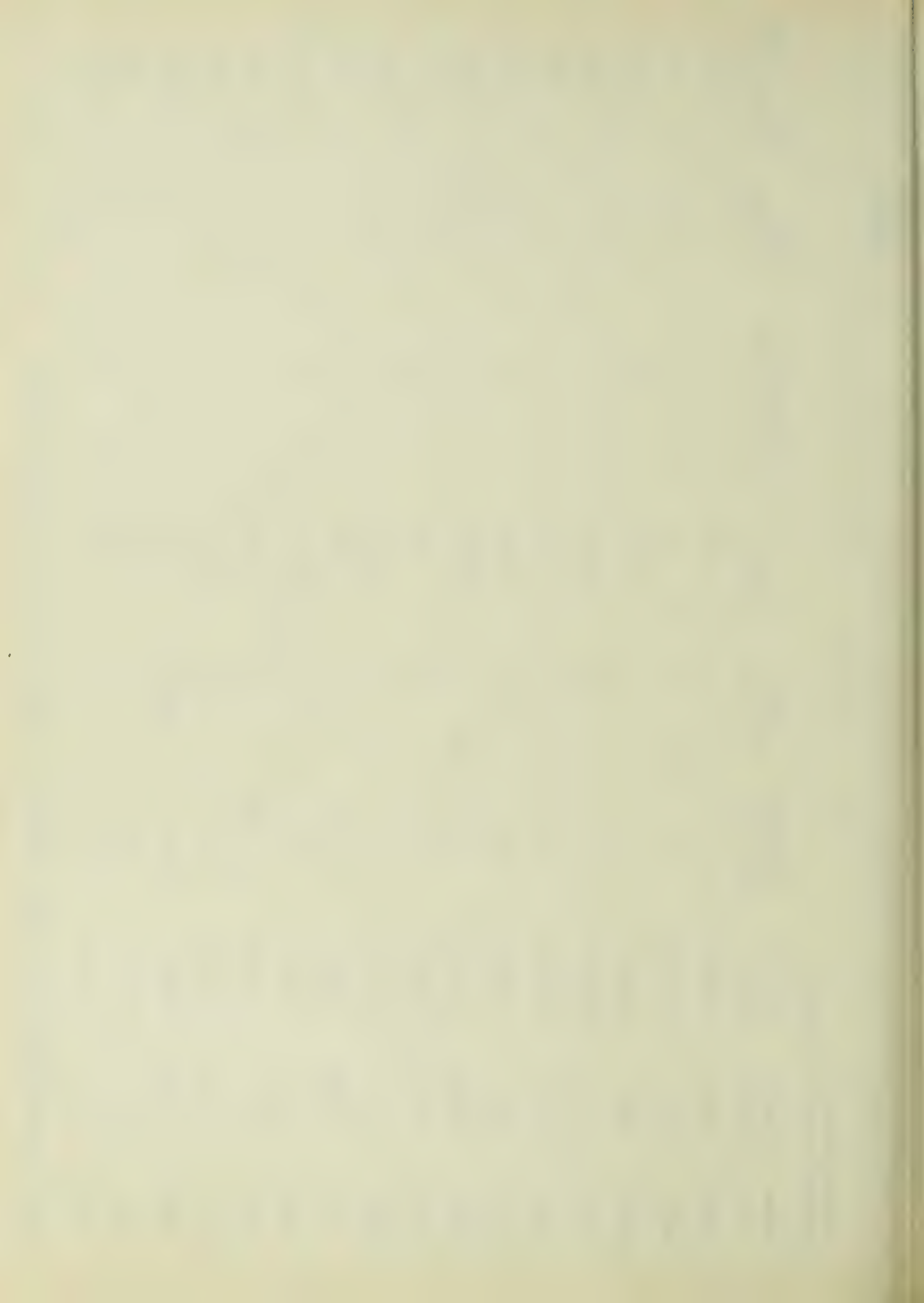
* Case reported previously. # Case pending. -- Some amount paid in previous report.



Urbana-Champaign
Physical Plant (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
3422	(2)	5-25-56	3	0	15 00	0	0	15 00
3423	(11)	5-16-56	0	0	0	0	0	0
3424	(4)	6-13-56	0	0	3 00	0	0	3 00
3426	(1)	6-13-56	0	0	2 00	0	0	2 00
3442	(1)	7-24-56	5	0	1 20	0	0	1 20
3443	(5)	7-20-56	0	0	3 15	0	0	3 15
3445	(1&2)	7-17-56	6 1/2	0	58 00	0	0	58 00
3446	(4)	7-20-56	0	0	70	0	0	70
3453	(1)	7-26-56	0	0	6 00	0	0	6 00
3455	(2)#	8-1-56	0	0	1 65	0	0	1 65
3461	(5)	7-31-56	0	0	10 00	0	0	10 00
3464	(2)	8-9-56	1 6/8	0	8 50	0	0	8 50
3471	(1)	8-10-56	10	14 57	15 00	0	0	29 57
3473	(2)#	8-1-56	333	1855 28	18 50	0	0	1873 78
3477	(5)	8-17-56	0	0	1 50	0	0	1 50
3488	(9)	9-17-56	6	0	5 00	0	0	5 00

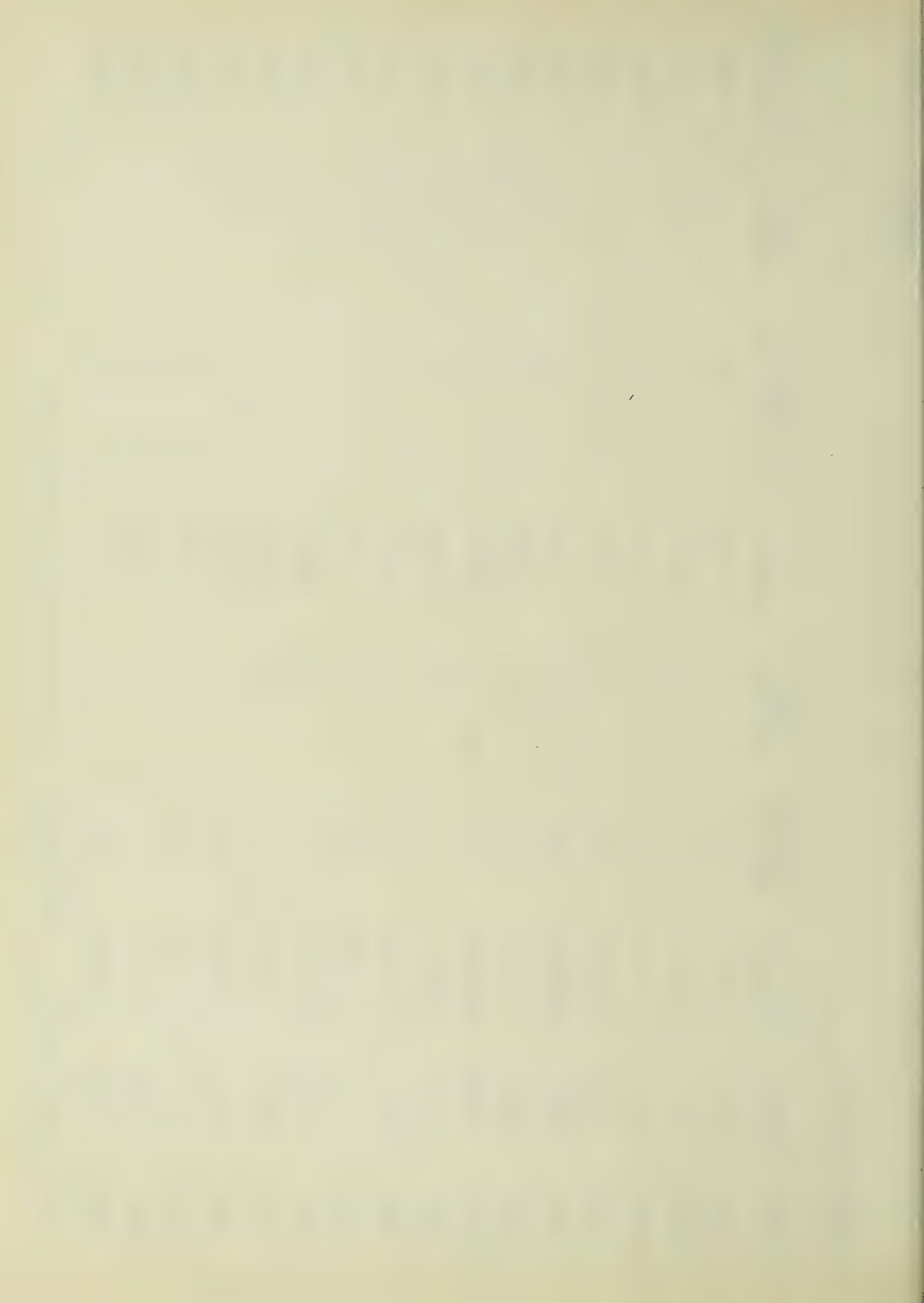
* Case reported previously. # Case pending. -- Some amount paid in previous report.



Urbana-Champaign
Physical Plant (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
3490	(1)	9-17-56	2	0	8 50	0	0	8 50
3491	(2)	9-17-56	0	0	20 00	0	0	20 00
3494	(2)	9-14-56	0	0	12 50	0	0	12 50
3498	(2)	9-28-56	0	0	15 00	0	0	15 00
3505	(2)	9-20-56	12	0	1 50	0	0	1 50
3506	(2)	10-12-56	2	0	8 50	0	0	8 50
3512	(1)#	10-15-56	0	0	29 50	0	0	29 50
3516	(1)	8-2-56	0	0	25 00	0	0	25 00
3526	(2)	10-30-56	0	0	15 00	0	0	15 00
3527	(4)	11-20-56	0	0	85	0	0	85
3543	(12)#	11-1-56	41	0	89 00	0	0	89 00
3550	(4)	12-3-56	0	0	2 00	0	0	2 00
3558	(2)	12-27-56	0	0	14 00	0	0	14 00
3559	(2)	10-11-56	0	0	17 50	0	0	17 50
3567	(1)#	1-21-57	0	0	44 00	0	0	44 00
3568	(12)#	1-21-57	0	0	35 05	0	0	35 05

* Case reported previously. # Case pending. -- Some amount paid in previous report.



Urbana-Champaign
Physical Plant (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
3570	(2)#	1-29-57	7	0	90 90	0	0	90 90
3581	(1)	2-6-57	0	0	5 50	0	0	5 50
3582	(1)	2-8-57	0	0	2 50	0	0	2 50
3583	(2)	2-11-57	0	0	8 50	0	0	8 50
3584	(3)	2-12-57	0	0	2 00	0	0	2 00
3590	(5)	2-21-57	10	15 00	18 10	0	0	33 10
3591	(1)P	2-28-57	19	58 29	65 00	500 29	0	623 58
3596	(2)	2-11-57	0	0	8 50	0	0	8 50
3597	(4)	2-28-57	0	0	1 50	0	0	1 50
3608	(2)	3-13-57	0	0	53 85	0	0	53 85
3620	(2)	1-31-57	0	0	25 00	0	0	25 00
3621	(2)#	3-18-57	0	0	15 00	0	0	15 00
3625	(2)#	4-19-57	0	0	8 00	0	0	8 00
3629	(5)	4-24-57	0	0	11 35	0	0	11 35
3631	(11)	4-11-57	1	0	10 00	0	0	10 00
3632	(1)#	5-5-57	0	0	32 00	0	0	32 00

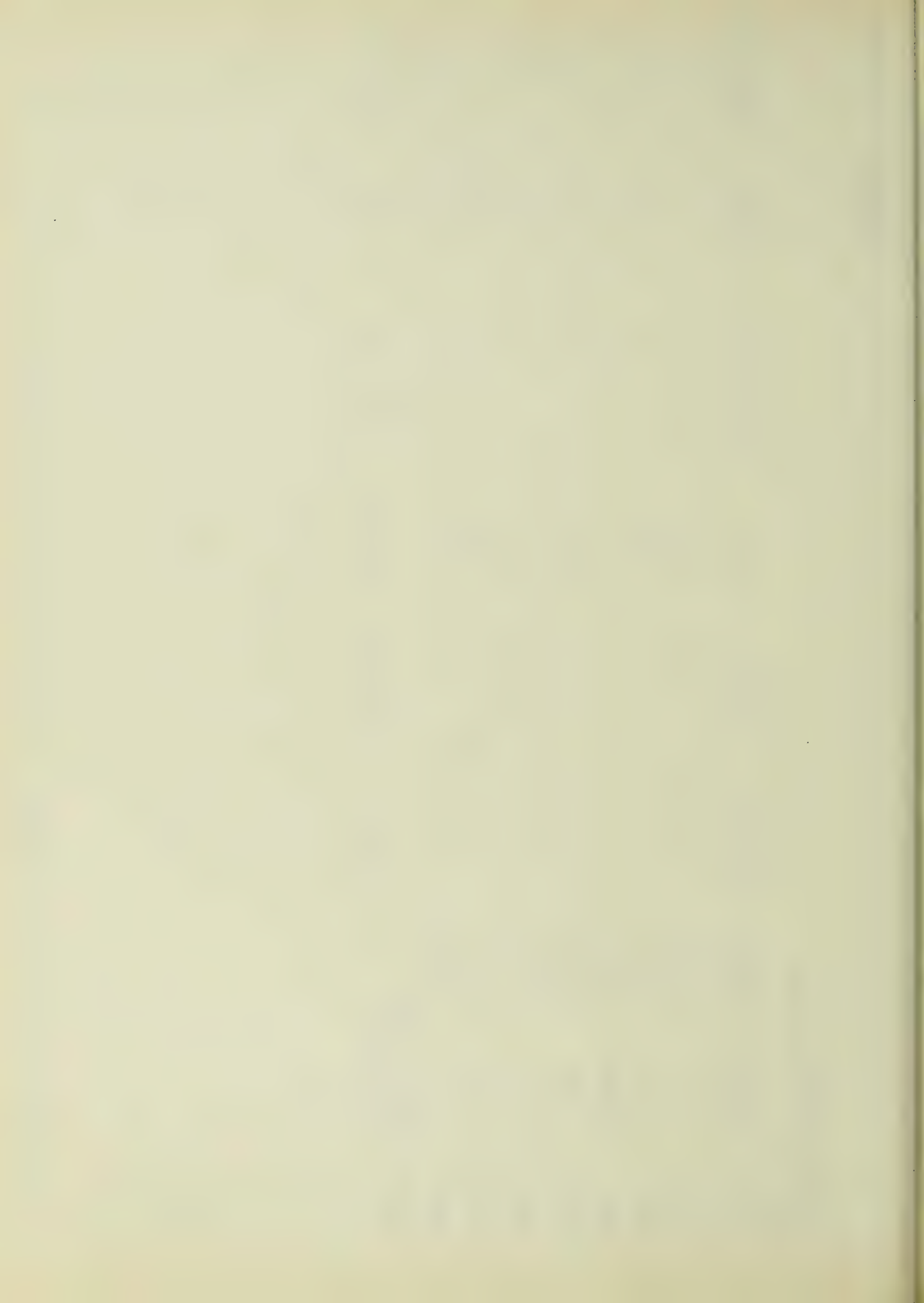
* Case reported previously. # Case pending. -- Some amount paid in previous report. P - Portion of amount agreed on was unpaid.



Urbana-Champaign
Physical Plant (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
3634	(2)	4-30-57	0	0	20 00	0	0	20 00
3635	(2)	5-10-57	0	0	6 85	0	0	6 85
3636	(12)#	3-5-57	0	0	0	0	0	0
3642	(6)	5-28-57	0	0	18 00	0	0	18 00
3643	(2)	5-26-57	0	0	4 00	0	0	4 00
3651	(6)	6-8-57	0	0	4 50	0	0	4 50
3657	(4)	6-19-57	0	0	1 60	0	0	1 60
TOTAL - PHYSICAL PLANT: (71 cases)					(4083 14)	(14307 29)	(0)	(20078 48)

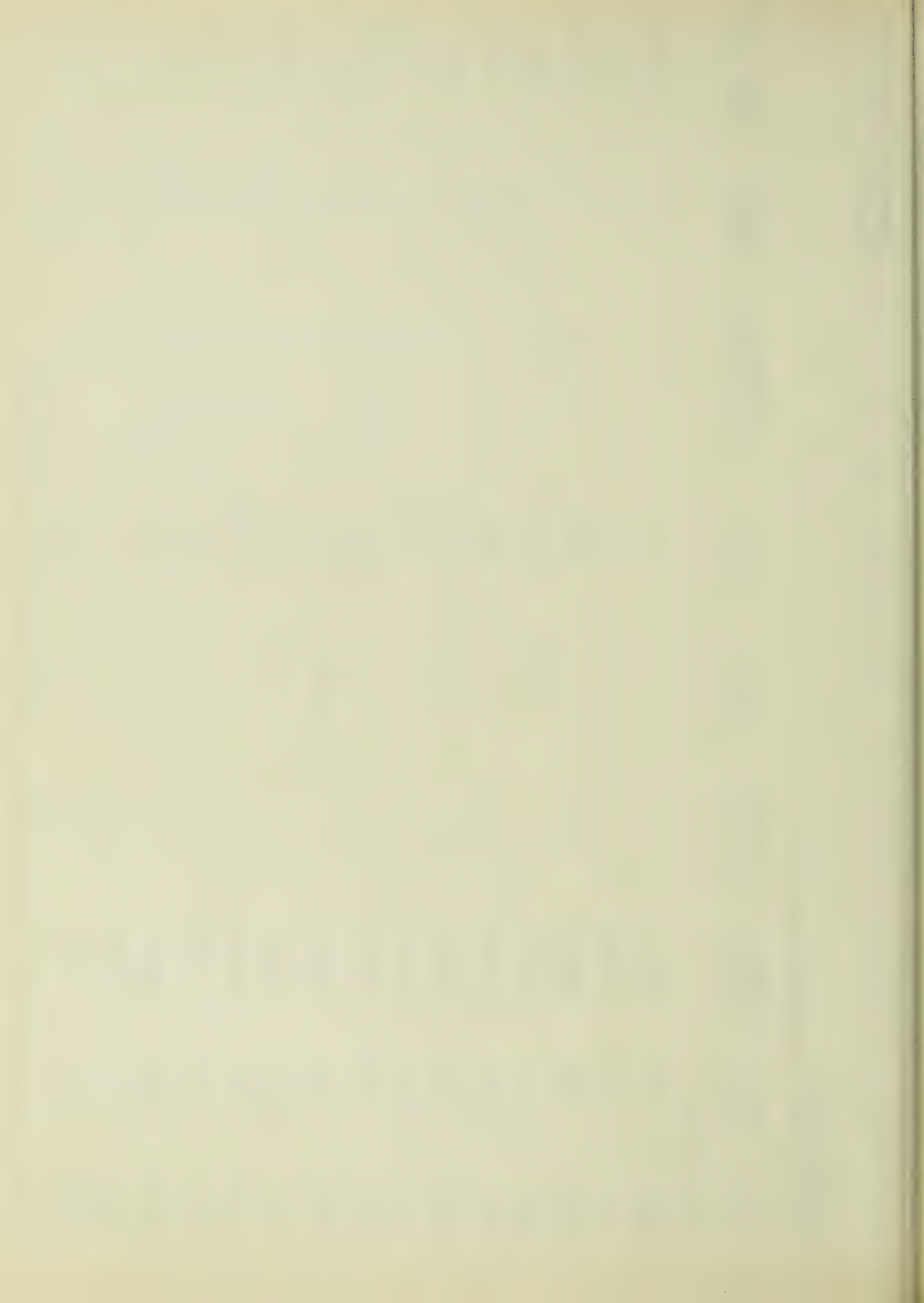
* Case reported previously. # Case pending. -- Some amount paid in previous report.



Urbana-Champaign
Physical Plant - Auxiliary Enterprises

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Illini Union								
3388	(2)*	4-4-56	0	0	10 00	0	0	10 00
3418	(1)	5-12-56	0	0	12 50	0	0	12 50
3419	(3)	5-25-56	4	0	2 50	0	0	2 50
3425	(1)	5-24-56	11	19 43	12 10	0	0	31 53
3434	(2)	5-30-56	0	0	15 00	0	0	15 00
3436	(2)	6-26-56	70	345 00	22 05	0	0	367 05
3457	(2)	7-29-56	0	0	8 50	0	0	8 50
3459	(2)	7-25-56	6	0	8 50	0	0	8 50
3474	(9)	8-30-56	70	350 00	462 80	0	0	812 80
3500	(12)	9-30-56	0	0	28 50	0	0	28 50
3518	(1)	10-31-56	0	0	9 85	0	0	9 85
3524	(2)#	11-13-56	6	0	54 00	0	0	54 00
3548	(1)	12-12-56	4	0	15 00	0	0	15 00
3589	(1)	10-2-56	0	0	8 50	0	0	8 50
3592	(12)	2-14-57	0	0	50 00	0	0	50 00

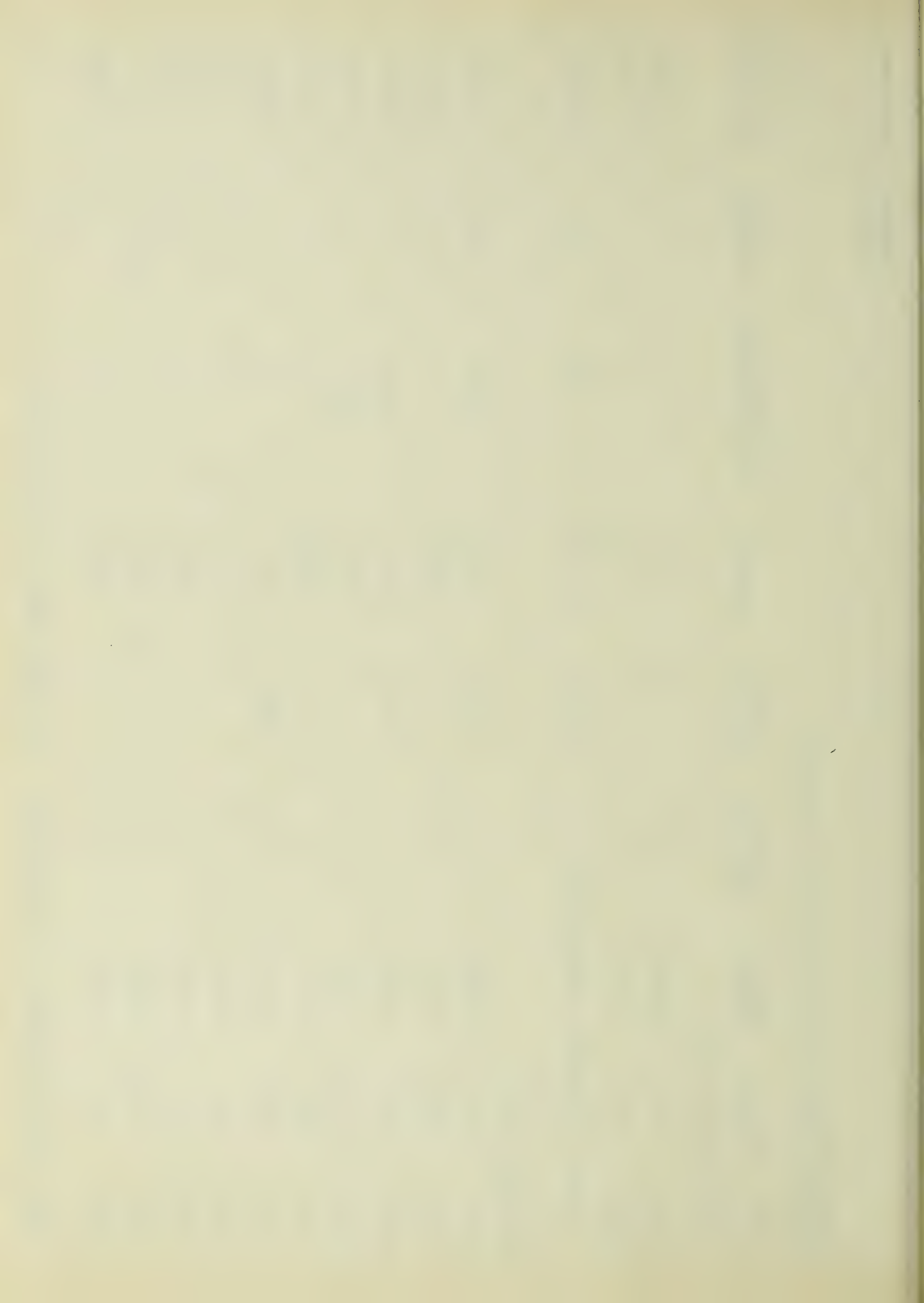
* Case reported previously. # Case pending. -- Some amount paid in previous report.



Urbana-Champaign
Physical Plant - Auxiliary Enterprises (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Illini Union (continued)								
3615	(1)	3-30-57	0	0	5 00	0	0	5 00
3626	(1)	4-13-57	0	0	6 50	0	0	6 50
Total - Illini Union: (17 cases)(171)					(731 30)	(0)	(0)	(1445 73)
Housing Division								
3210	(2)*	7-19-55	12	24 29	39 00	750 00	1 10	814 39
3383	(9)*	4-9-56	0	0	170 00	0	0	170 00
3396	(2)*	4-18-56	59	290 00	90 00	411 25	0	791 25
3403	(1)*	5-2-56	0	0	92 50	323 00	0	415 50
3413	(2)	5-7-56	0	0	15 00	0	0	15 00
3429	(1)#	6-15-56	99	480 56	46 70	0	0	527 26
3430	(2)	6-12-56	2 1/2	0	15 00	0	0	15 00
3486	(2)	8-27-56	0	0	8 50	0	0	8 50
3503	(2)#	6-27-56	0	0	19 00	0	22 15	41 15
3521	(1)	11-7-56	4	0	10 00	0	0	10 00

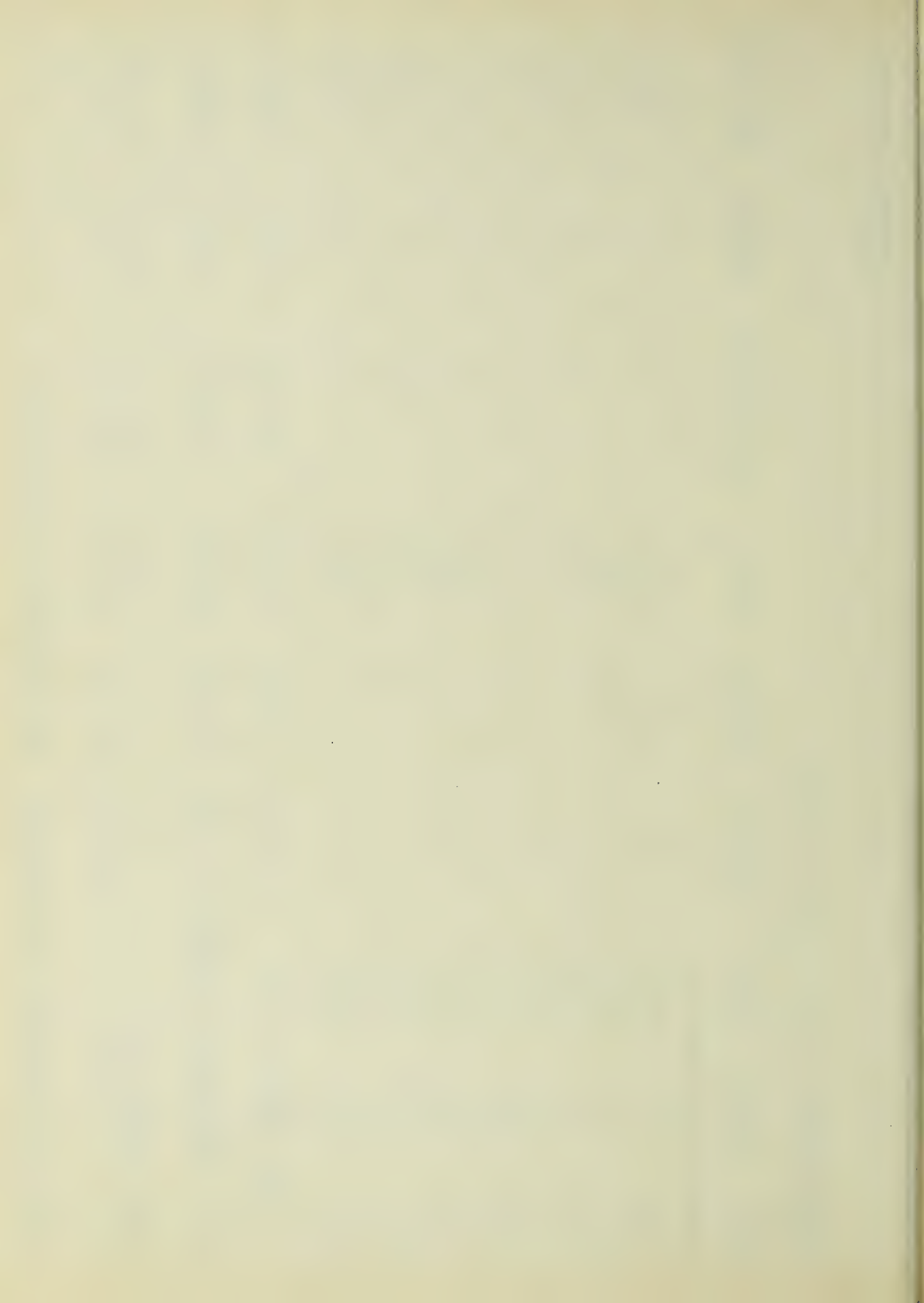
* Case reported previously. # Case pending. -- Some amount paid in previous report.



Urbana-Champaign
Physical Plant - Auxiliary Enterprises (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Housing Division (continued)								
3539	(2)	12-8-56	38	179 71	193 60	0	0	373 31
3540	(2)	12-7-56	20 1/2	72 43	42 00	0	0	114 43
3541	(1)	12-7-56	0	0	2 00	0	0	2 00
3572	(2)	1-18-57	2	0	55 00	0	0	55 00
3573	(12)	1-15-57	0	0	10 00	0	0	10 00
3583	(1)#	2-13-57	1 1/2	0	44 00	0	0	44 00
3637	(4)#	5-17-57	0	0	2 00	0	0	2 00
3638	(2)	5-13-57	0	0	15 00	0	0	15 00
3656	(2)	6-12-57	0	0	20 00	0	0	20 00
Total - Housing Division: (19 cases)								
			(238 1/2)	(1046 99)	(889 30)	(1484 25)	(23 25)	(3443 79)
TOTAL - Physical Plant - Auxiliary Enterprises: (37 cases)								
			(409 1/2)	(1761 42)	(1620 60)	(1484 25)	(23 25)	(4889 52)
TOTAL - PHYSICAL PLANT: (108 cases)								
			(1409 1/2)	(5844 56)	(3308 65)	(15791 54)	(23 25)	(24968 00)

* Case reported previously. # Case pending. -- Some amount paid in previous report.

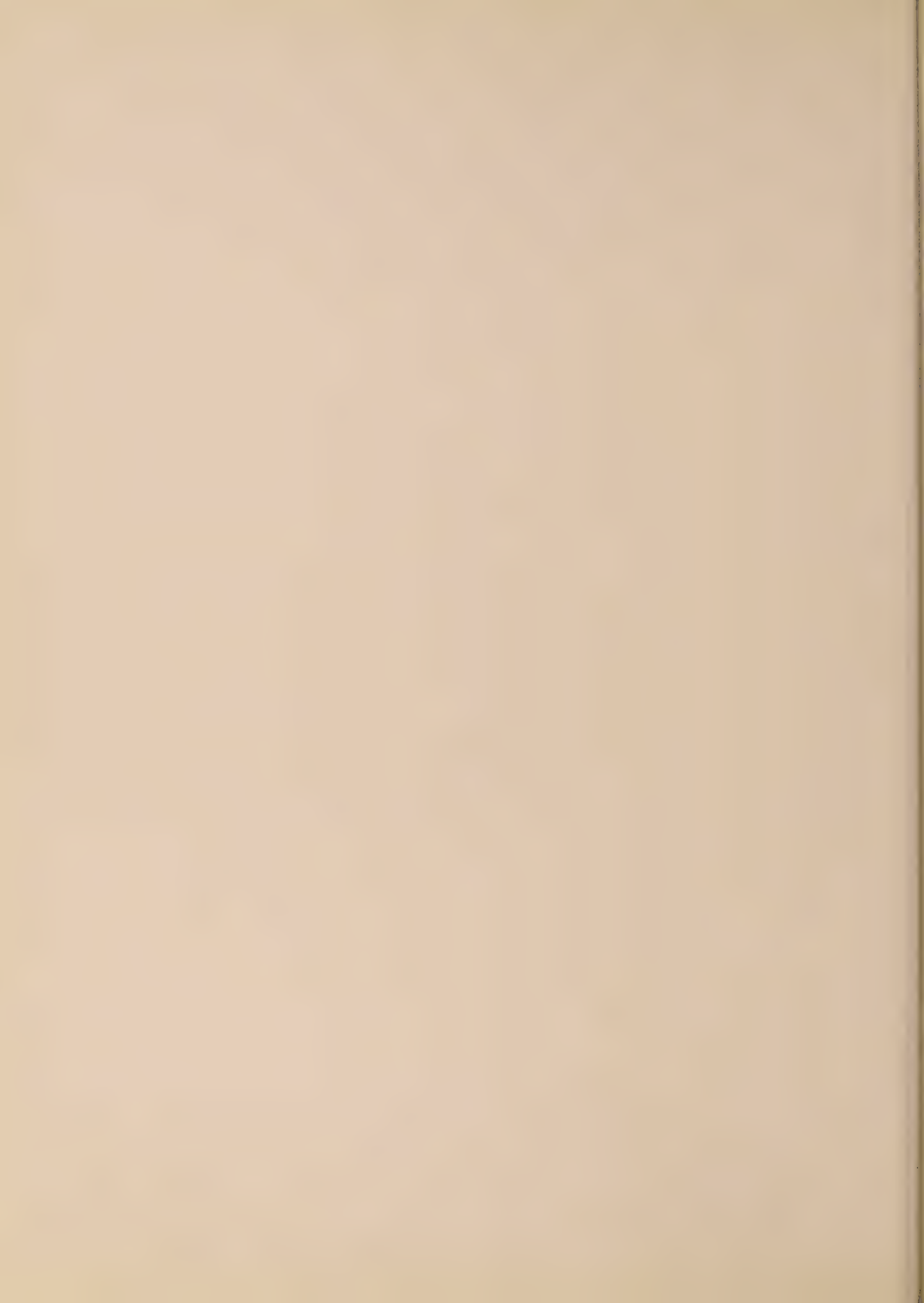


Urbana-Champaign

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
3492	(1)	9-18-56	0	0	8 50	0	0	8 50
TOTAL - POLICE: (1 case)			(0)	(0)	(8 50)	(0)	(0)	(8 50)
TOTAL - CHAMPAIGN-URBANA (245 cases)			(1857)	(7247 88)	(8832 66)	(25005 60)	(234 03)	(41320 17)

* Case reported previously. # Case pending. -- Some amount paid in previous report.

CHICAGO PROFESSIONAL COLLEGES



Chicago Professional Colleges
Administration

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Animal Hospital								
C-282	(11)	54 - 55	0	0	50 00	0	5 00	55 00
C-286	(5)	6-12-56	0	0	45	0	0	45
Total - Animal Hospital: (2 cases)(0)					(50 45)	(0)	(5 00)	(55 45)
TOTAL - ADMINISTRATION: (2 cases)					(50 45)	(0)	(5 00)	(55 45)

* Case reported previously. # Case pending. -- Some amount paid in previous report.



Chicago Professional Colleges
Research and Educational Hospitals

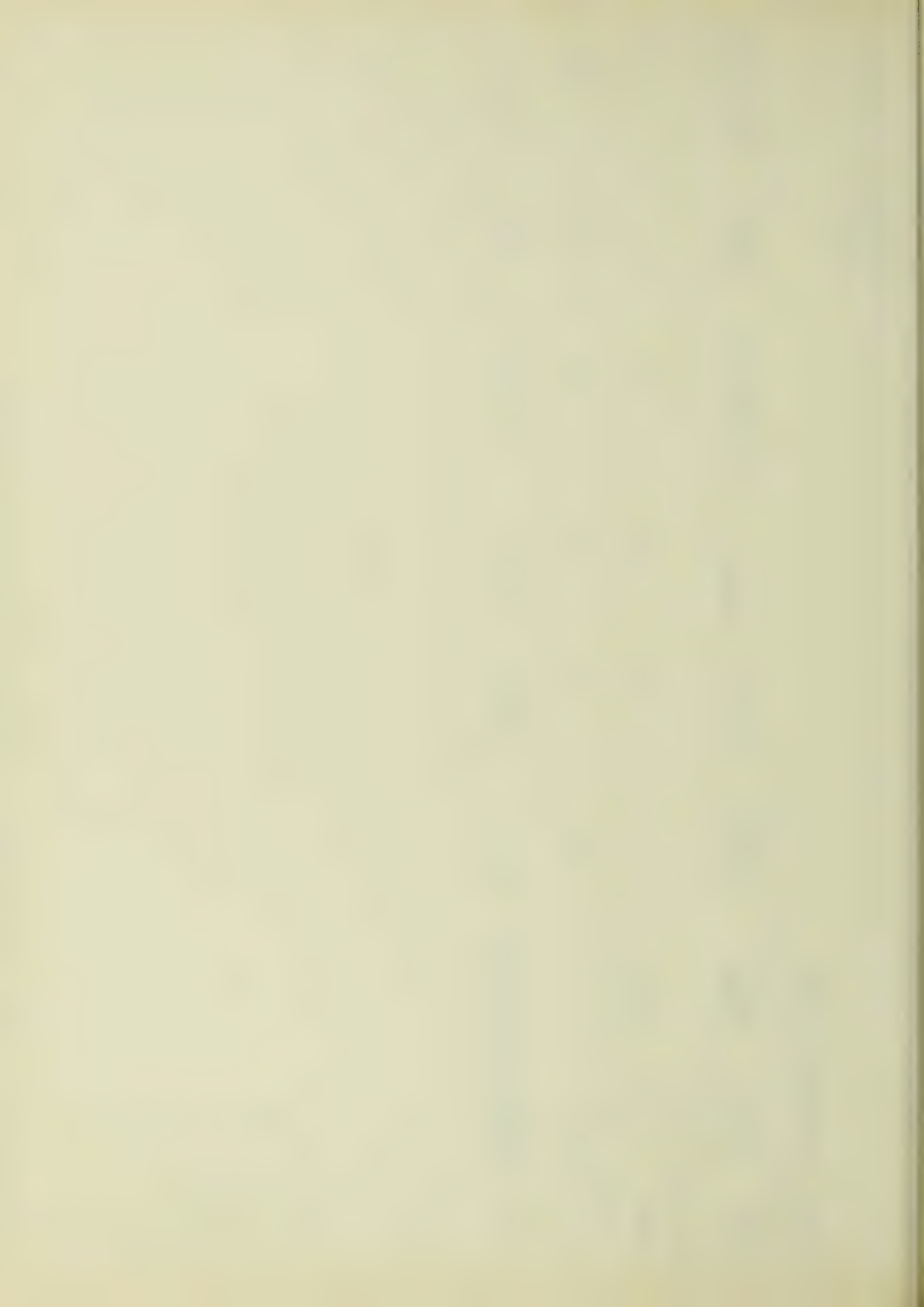
Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Dietary								
C-233	(2)*	1-25-55	0	0	45 00	340 00	0	385 00
C-287	(1)	6-10-56	7	0	0	0	0	0
C-307	(1)	2-23-57	10	15 00	0	0	0	15 00
Total - Dietary: (3 cases)					(45 00)	(340 00)	(0)	(400 00)
Laboratory								
C-283	(3)	5-4-56	0	0	59	0	0	59
Total - Laboratory: (1 case)					(59)	(0)	(0)	(59)
Nursing								
C-277	(4)	5-15-56	6	0	41 90	0	0	41 90
C-285	(3)	4-9-56	0	0	70	0	0	70
C-294	(2)	9-6-56	31	150 57	0	0	0	150 57
C-296	(12)	10-14-56	10	9 71	0	0	0	9 71
Total - Nursing: (4 cases)					(42 60)	(0)	(0)	(202 88)

* Case reported previously. # Case pending. -- Some amount paid in previous report.

Chicago Professional Colleges
Research and Educational Hospitals (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Phy. Med. & Rehab.								
C-309	()#	5-27-57	0	0	0	0	0	0
Total - Phy. Med. & Rehab.:								
(1 case)			(0)	(0)	(0)	(0)	(0)	(0)
TOTAL - RESEARCH AND EDUCATIONAL								
HOSPITALS: (9 cases)			(64)	(175 28)	(88 19)	(340 00)	(0)	(603 47)

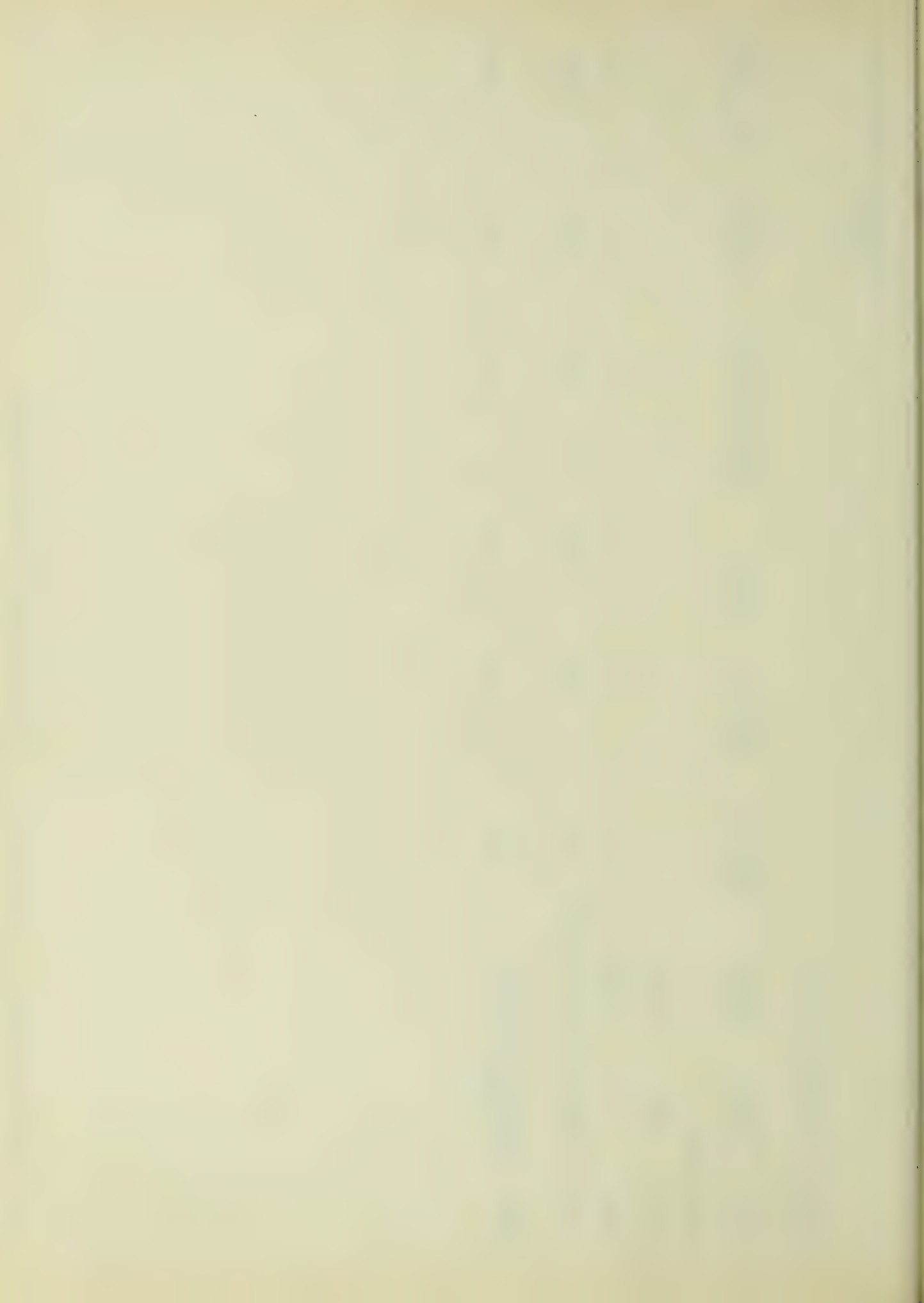
* Case reported previously. # Case pending. -- Some amount paid in previous report.



Chicago Professional Colleges
College of Medicine

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Bacteriology								
C-276	(2)	4-6-56	4	0	0	0	0	0
C-289	(1)	6-28-56	0	0	60	0	0	60
Total - Bacteriology: (2 cases)					(60)	(0)	(0)	(60)
TOTAL - COLLEGE OF MEDICINE:								
(2 cases)					(60)	(0)	(0)	(60)

* Case reported previously. # Case pending. -- Some amount paid in previous report.



Chicago Professional Colleges
Physical Plant

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
C-127	(2)x	7-28-51	0	0	0	918 00	0	918 00
C-250	(9)*	8-12-55	49	245 00	0	0	0	245 00
C-254	(3)*	9-16-55	0	0	70 00	1500 00	0	1570 00
C-278	(1)	5-16-56	14	40 00	20 39	280 00	0	340 39
C-284	(5)	4-11-56	0	0	1 04	0	0	1 04
C-290	(9)	8-1-56	53	295 29	0	0	0	295 29
C-291	(2)	7-8-56	1	0	65	0	0	65
C-292	(1)	7-24-56	4 1/2	0	45	0	0	45
C-298	(1)#	11-7-56	27 1/2	95 14	29 00	0	0	124 14
C-300	(2)	11-23-56	3	0	85	0	0	85
C-305	(1)	1-9-57	11	21 14	0	0	0	21 14
TOTAL - PHYSICAL PLANT: (11 cases)		(163)	(696 57)	(122 38)	(2698 00)	(0)	(3516 95)	
TOTAL - CHICAGO PROFESSIONAL COLLEGES: (24 cases)		(231)	(871 85)	(261 62)	(3038 00)	(5 00)	(4176 47)	

* Case reported previously. # Case pending. -- Some amount paid in previous report. x - Payment approved by The Board of Trustees.

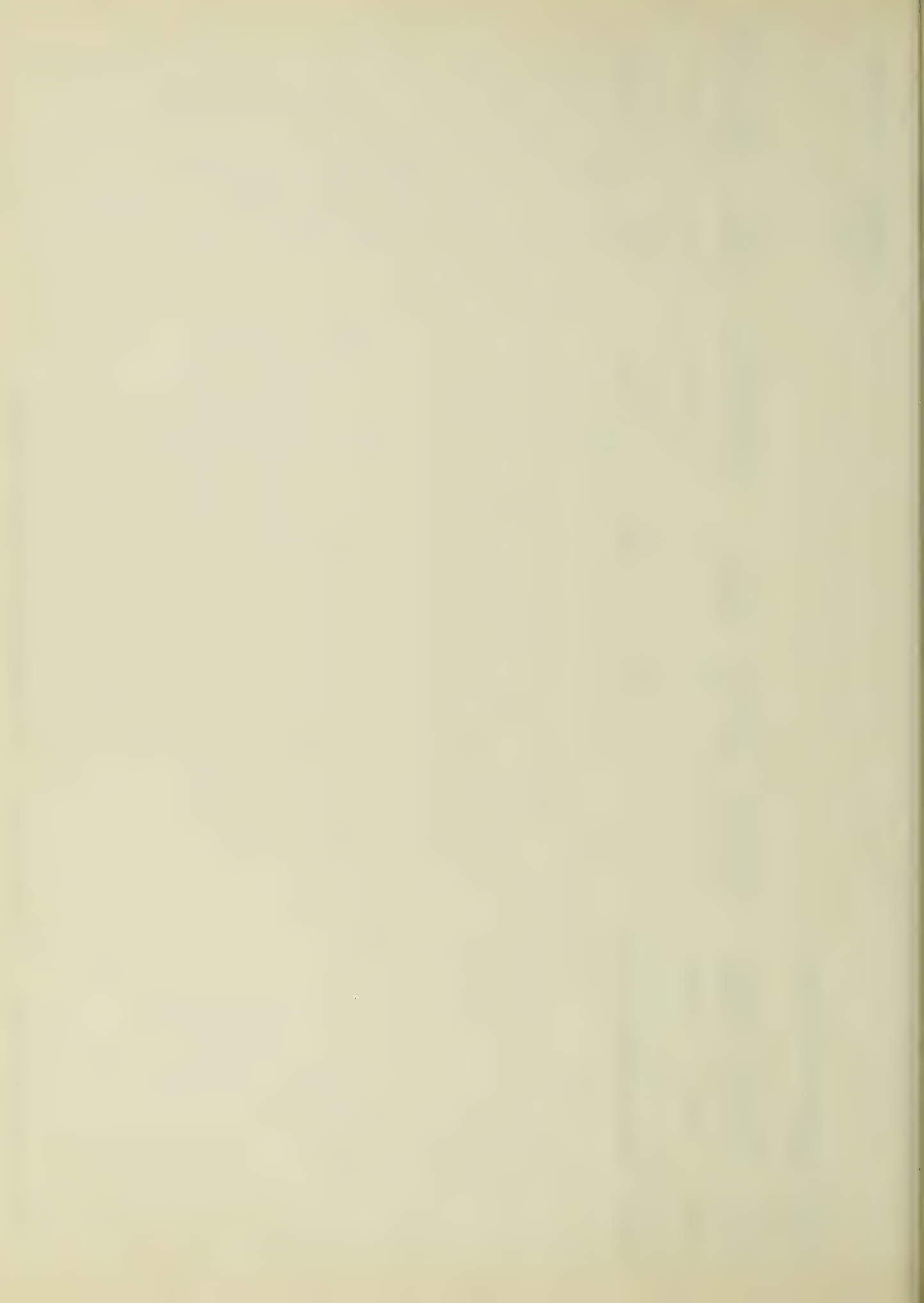
CHICAGO UNDERGRADUATE DIVISION



Chicago Undergraduate Division
Health Service

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
C-223	(2)*	11-9-54	0	0	0	449 50	0	449 50
TOTAL - HEALTH SERVICE: (1 case)				(0)	(0)	(449 50)	(0)	(449 50)

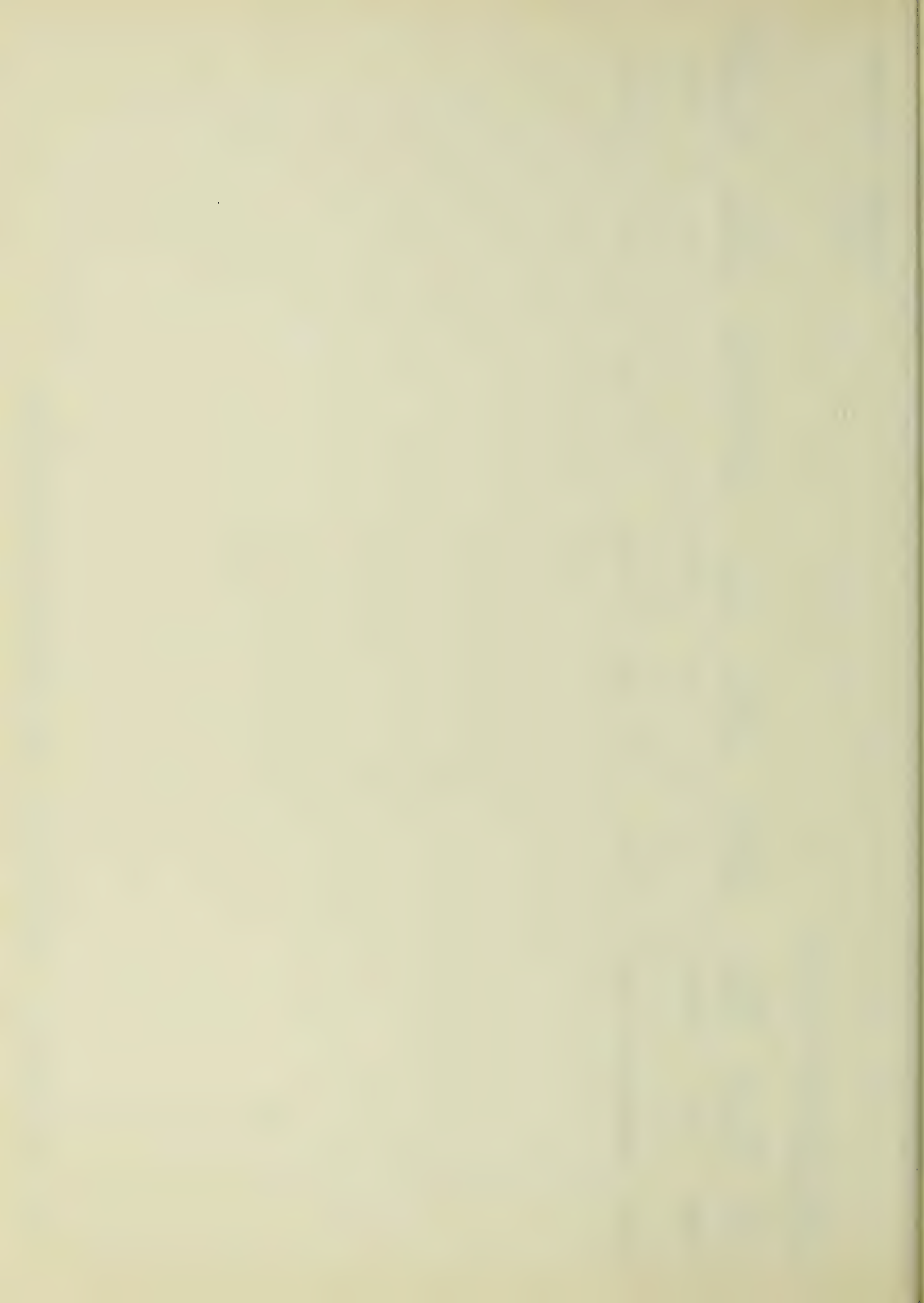
* Case reported previously. # Case pending. -- Some amount paid in previous report.



Chicago Undergraduate Division
Engineering

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
C-280	(3)	6-12-56	0	0	18 85	0	0	18 85
TOTAL - ENGINEERING: (1 case)								
			(0)	(0)	(18 85)	(0)	(0)	(18 85)

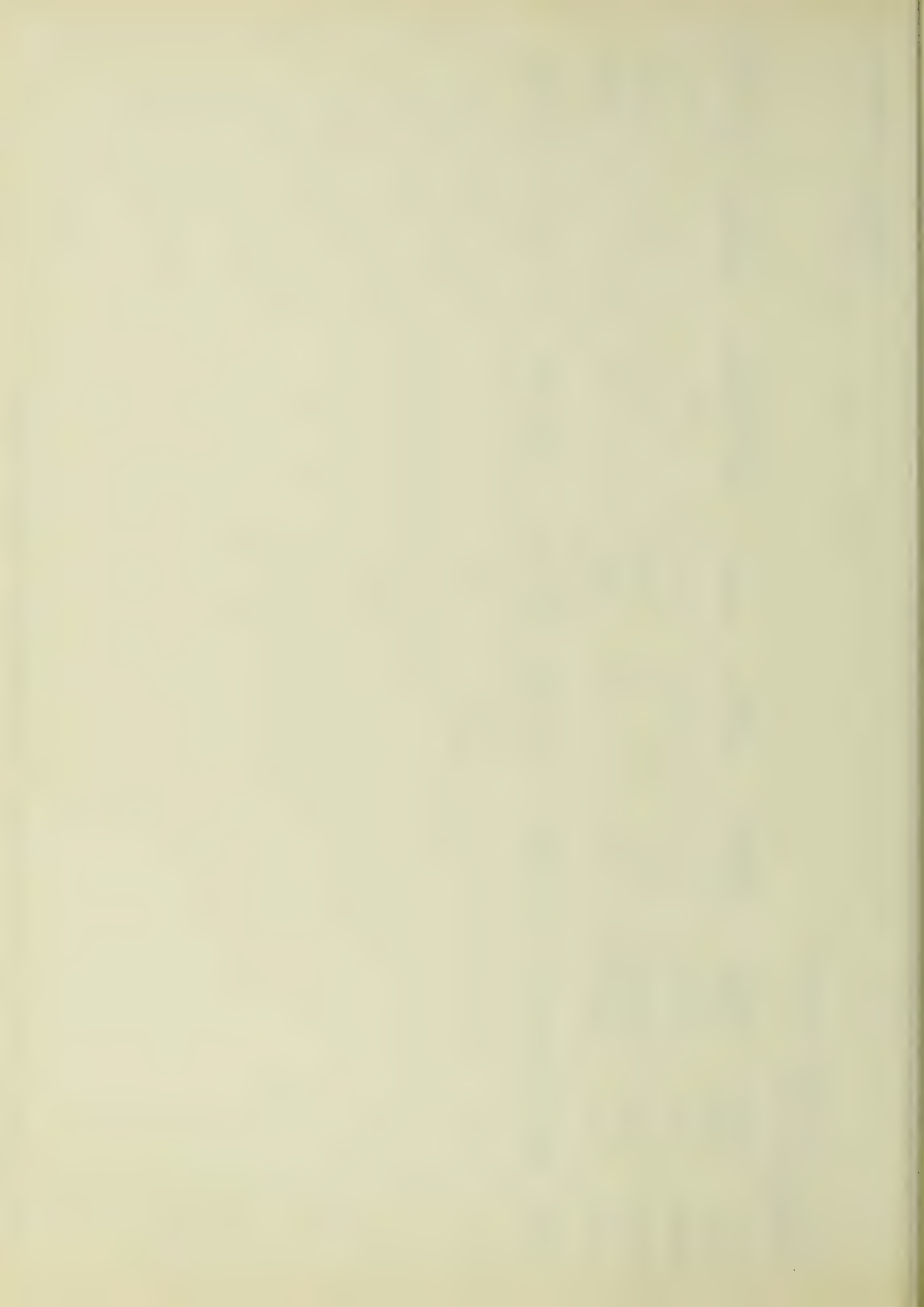
* Case reported previously. # Case pending. -- Some amount paid in previous report.



Chicago Undergraduate Division
Physical Education

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
C-279	(2)	5-31-56	35	170 00	171 50	1150 00	0	1491 50
C-293	(12)	8-14-56	0	0	30 00	0	0	30 00
C-303	(2)	10-31-56	0	0	25 00	0	0	25 00
TOTAL - PHYSICAL EDUCATION: (3 cases)(35)						(1150 00)	(0)	(1546 50)

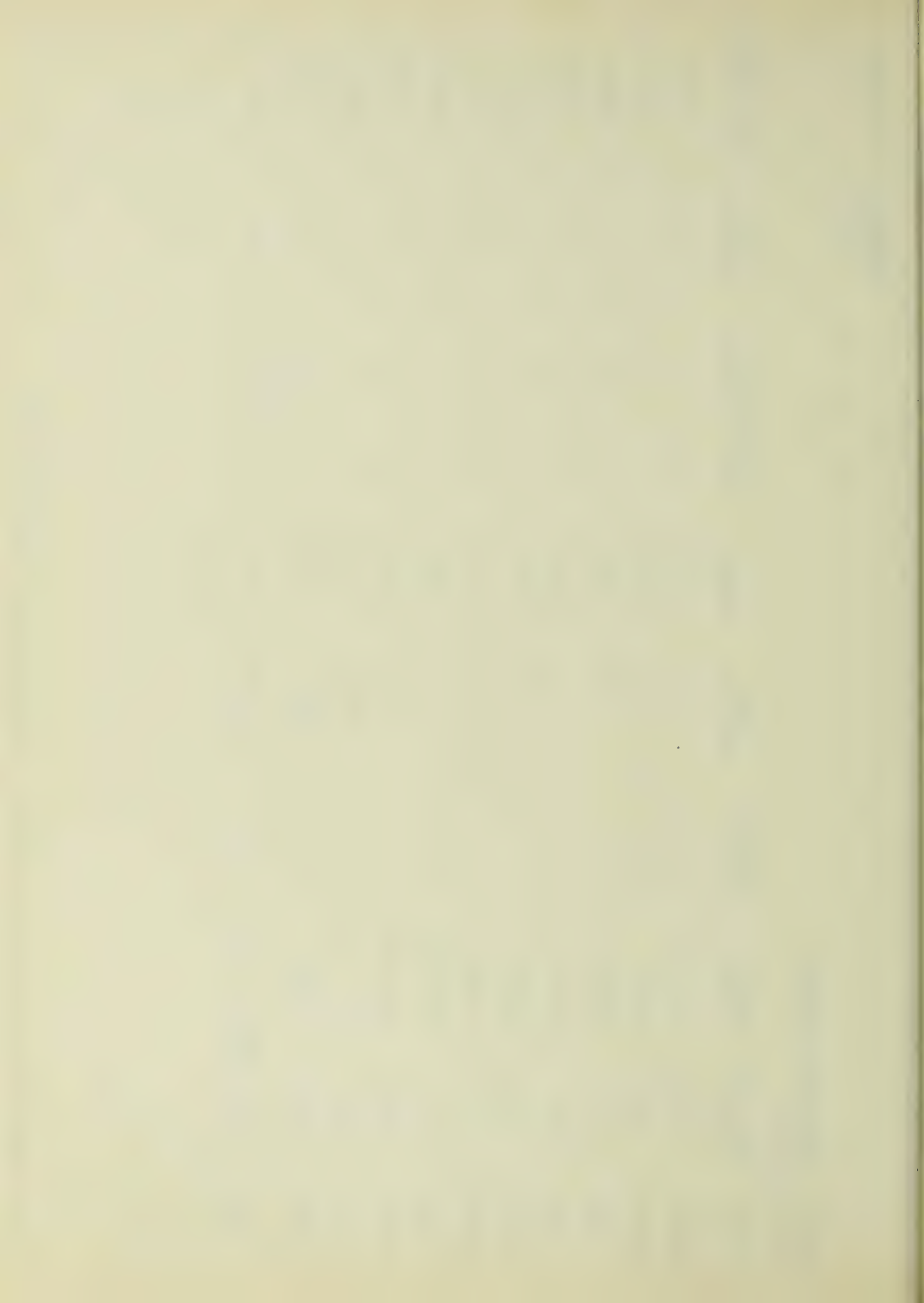
* Case reported previously. # Case pending. -- Some amount paid in previous report.



Chicago Undergraduate Division
Physical Plant

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
C-219	(1)*#	9-17-54	0	0	85 05	0	0	85 05
C-269	(2)*	4-5-56	0	0	10 00	0	0	10 00
C-271	(5)*	4-16-56	3	0	20 00	0	0	20 00
C-275	(3)	5-22-56	1	0	100 90	0	0	100 90
C-281	(1&5)	6-28-56	0	0	15 00	0	0	15 00
C-288	(3)	7-12-56	5	0	64 00	0	0	64 00
C-299	(1)	11-23-56	0	0	25 00	0	0	25 00
C-301	(4)	12-11-56	0	0	16 00	0	0	16 00
C-304	(2)	1-11-57	21	63 14	0	0	0	63 14
C-306	(2)#	2-22-57	21	68 00	24 25	0	0	92 25
TOTAL - PHYSICAL PLANT: (10 cases)					(131 14)	(360 20)	(0)	(491 34)

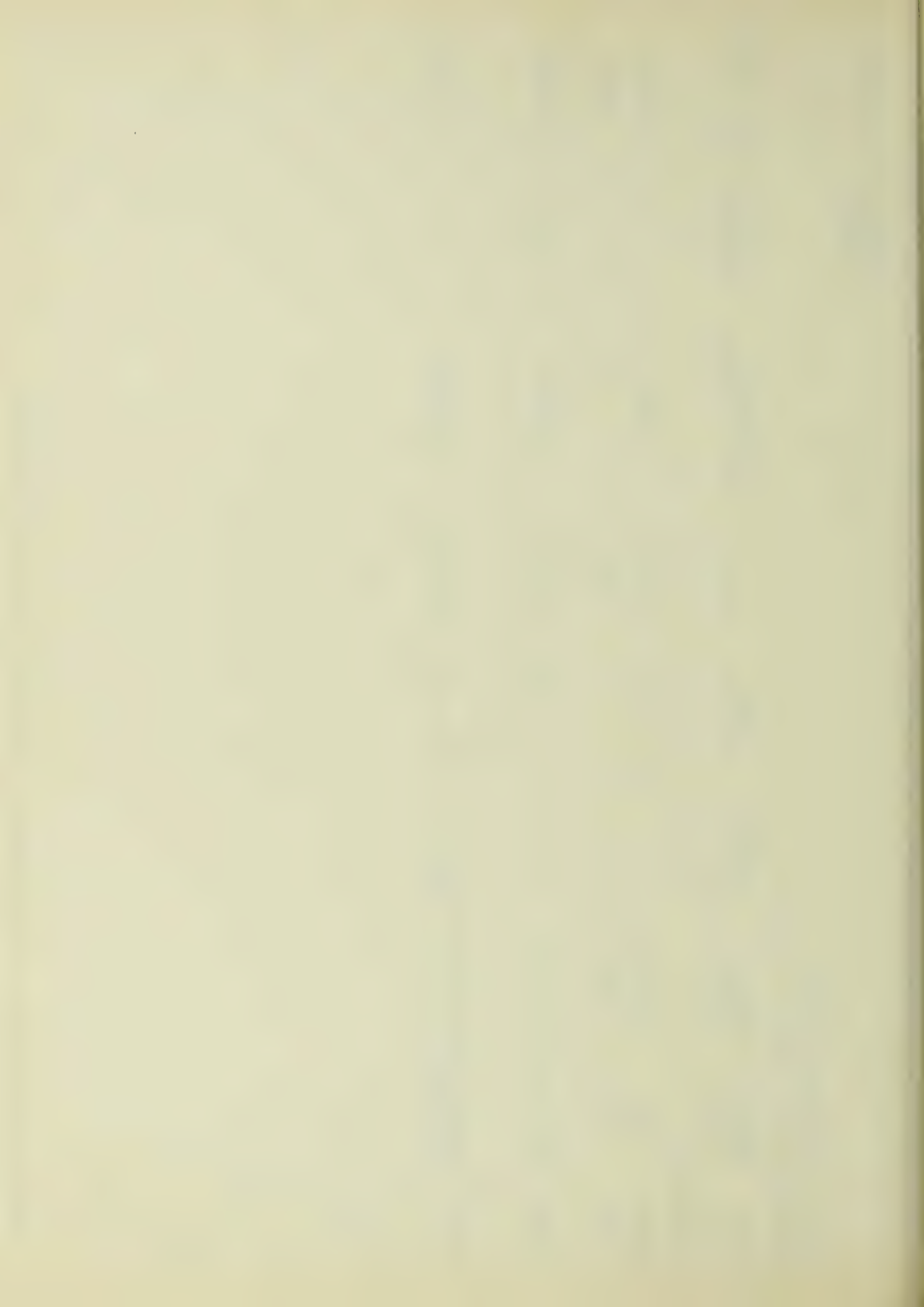
* Case reported previously. # Case pending. -- Some amount paid in previous report.



Chicago Undergraduate Division
Physical Plant - Auxiliary Enterprises

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Illini Union								
C-264	(2)	2-17-56	3	0	35 00	1198 50	0	1233 50
C-308	(1)	4-5-57	0	0	25 00	0	0	25 00
TOTAL - ILLINI UNION: (2 cases)								
			(3)	(0)	(60 00)	(1198 50)	(0)	(1258 50)
TOTAL - CHICAGO UNDERGRADUATE DIVISION:								
	(17 cases)		(89)	(301 14)	(665 55)	(2798 00)	(0)	(3764 69)

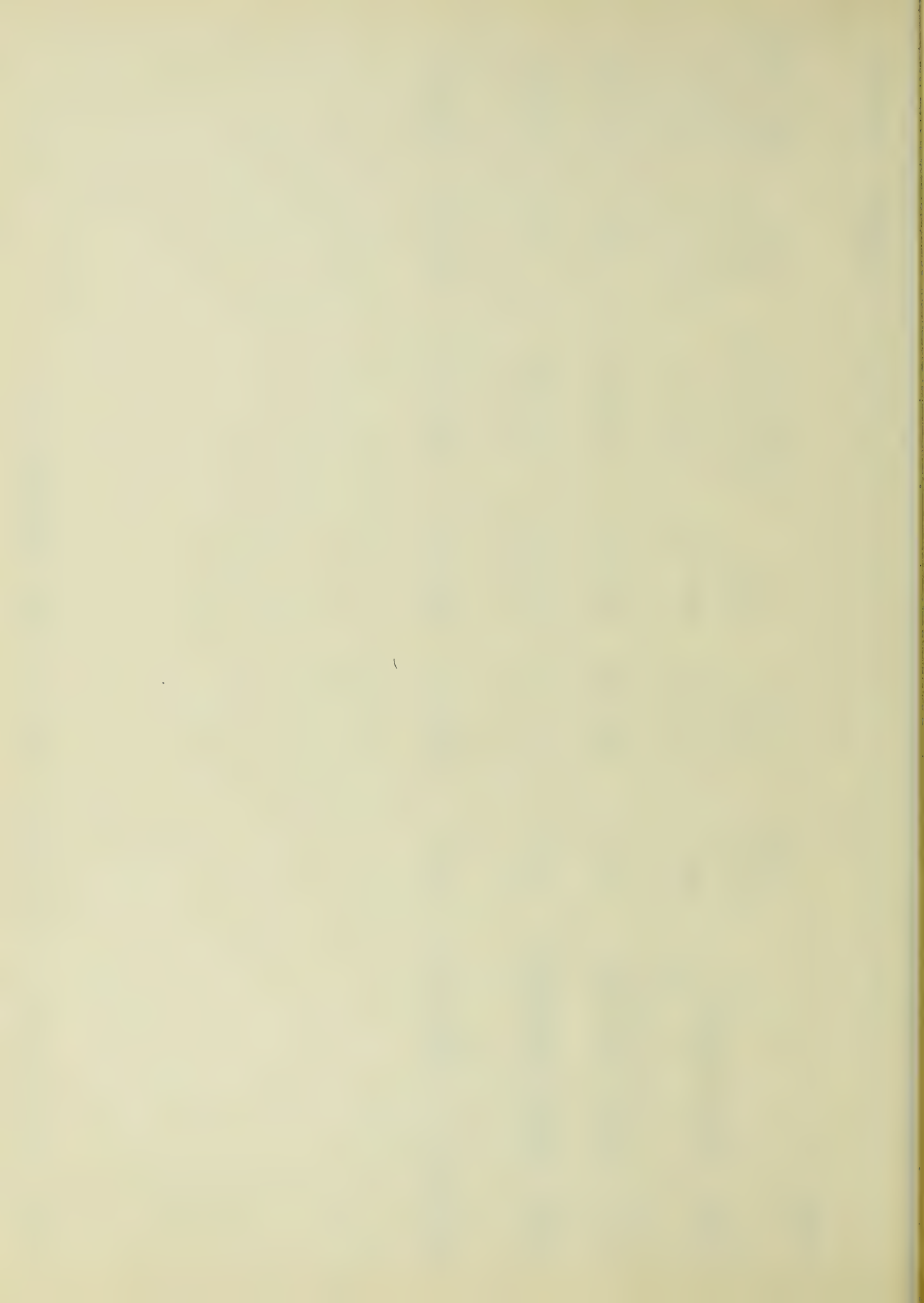
* Case reported previously. # Case pending. -- Some amount paid in previous report.



TOTALS

	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
TOTAL - CHAMPAIGN-URBANA: (245 cases)	(1828)	(7247 88)	(8832 66)	(25005 60)	(234 03)	(41320 17)
TOTAL - CHICAGO PROFESSIONAL COLLEGES: (24 cases)	(231)	(871 85)	(261 62)	(3038 00)	(5 00)	(4176 47)
TOTAL - CHICAGO UNDERGRADUATE DIVISION: (17 cases)	(89)	(301 14)	(665 55)	(2798 00)	(0)	(3764 69)
GRAND TOTAL: (286 cases)	(2148)	(8420 87)	(9759 83)	(30841 60)	(239 03)	(49261 33)

* Case reported previously. # Case pending. -- Some amount paid in previous report.



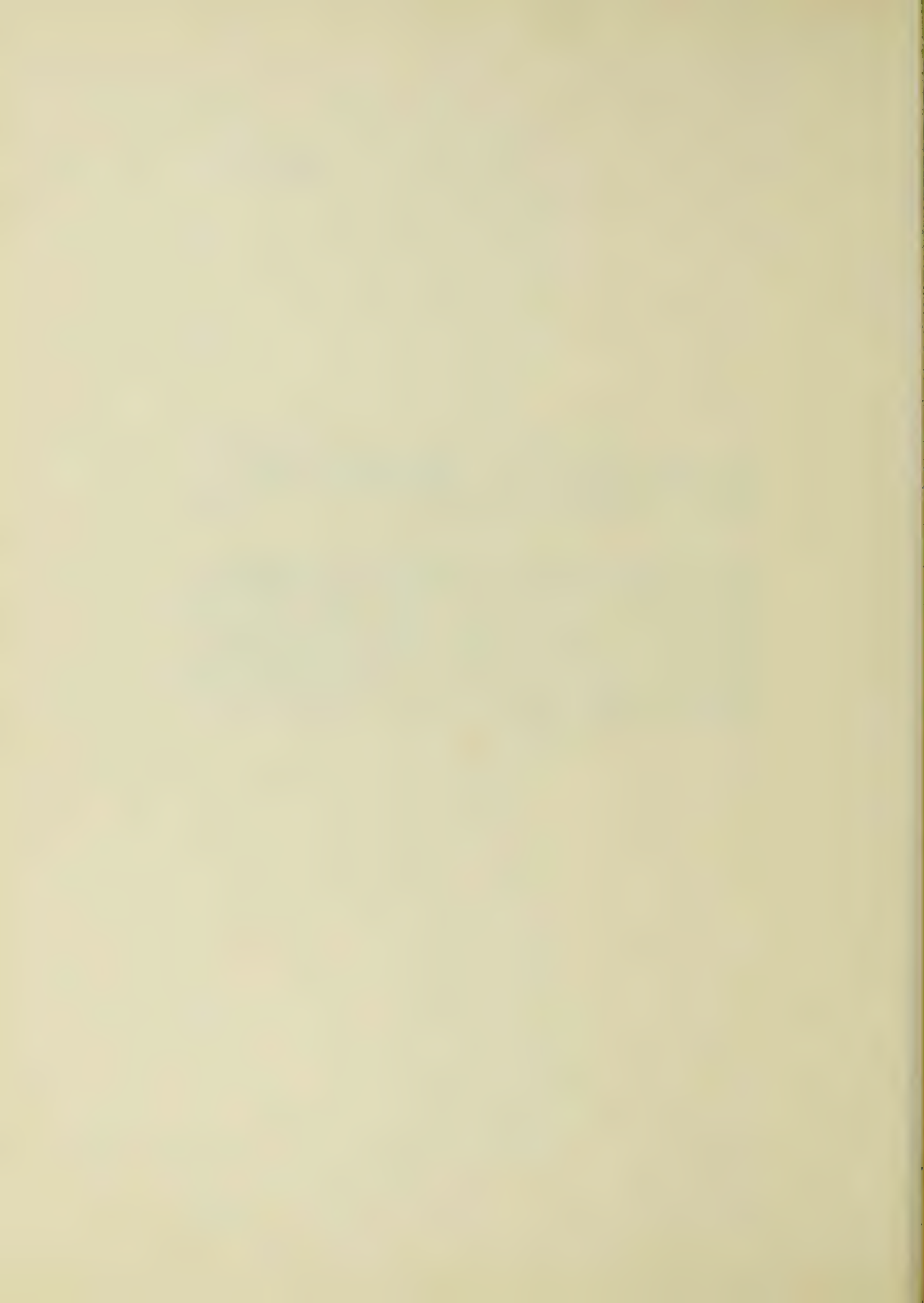
SCHEDULE 2

COMMON LAW CLAIMS (PERSONAL INJURY)



One claim of this nature was considered and acted upon by the Committee on Accident Compensation. It was disposed of by payment of the medical bills, at a total cost to the University of \$17.00.

In acting upon such claims the Committee on Accident Compensation is necessarily governed by the applicable principles of the Illinois law under which the University is not liable to the claimants unless their injuries were proximately caused by negligence upon the part of the University or one of its agents or employees and unless, even if the University was negligent in the premises, the claimant was free from negligence on his part which contributed to his injuries.



SCHEDULE 3

CASES WHERE PAYMENTS OF HOSPITAL OR MEDICAL
STATEMENTS WERE MADE ON THE BASIS OF REFERRAL

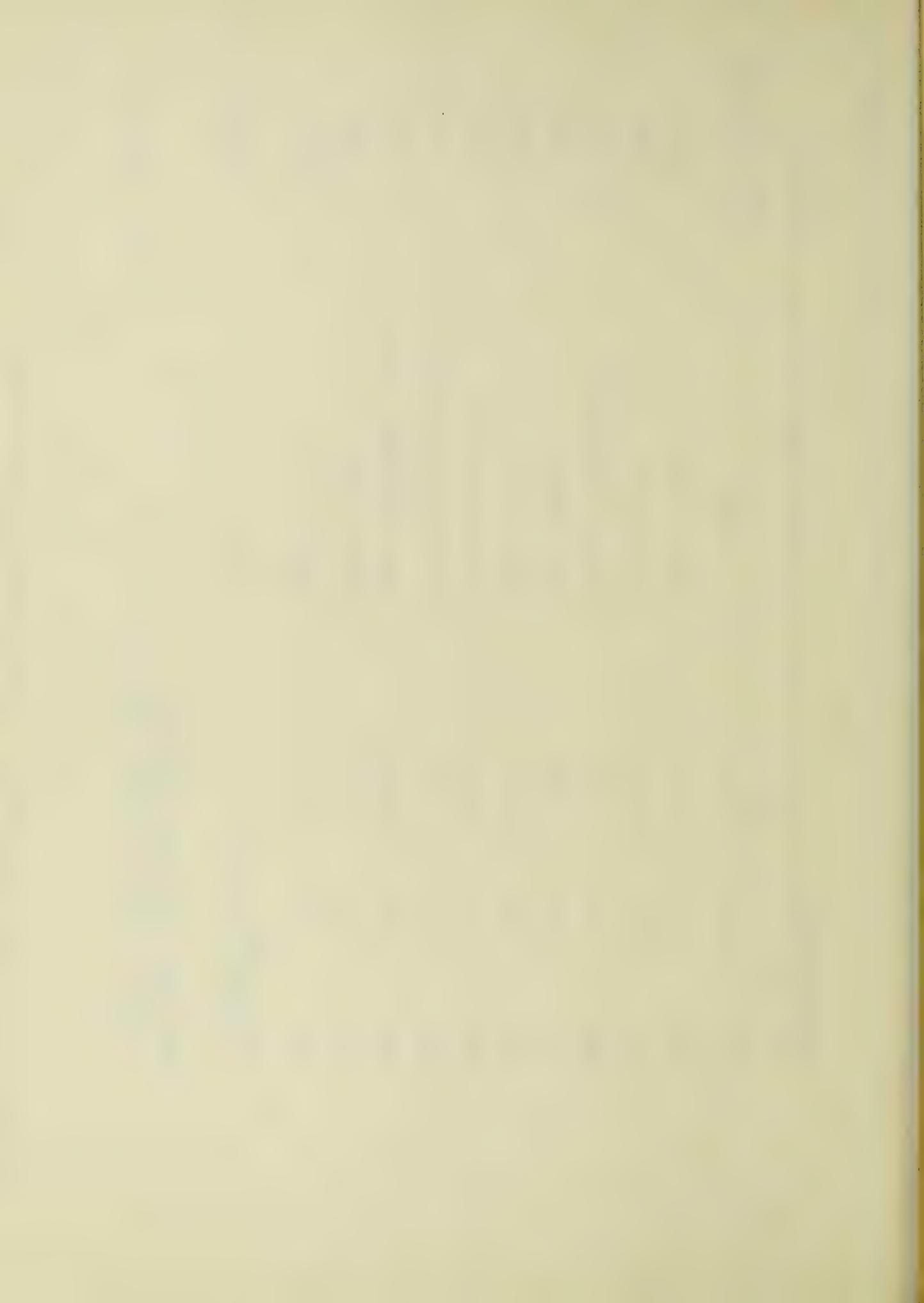


Urbana-Champaign

Cases Where Payments of Hospital or Medical Statements Were Made on the Basis of Referral

Claim No.	Injury	Date of Accident	Department	Amount Paid on The Basis of Referral
3532	(12)	10-9-56	Physical Plant	573 35
3587	(11)	1-21-57	Physical Plant	15 00
3588	(2)	2-8-57	Electrical Engineering	15 00
3595	(11)	2 - 57	Plant Pathology	53 80
3605	(2)	3-7-57	Allerton Park	3 00
3616	(1)	1-31-57	Chemical Engineering	15 00
3628	(12)	2 - 57	Dixon Springs Exp. Station	3 50
3630	(12)	4-1-57	Dixon Springs Exp. Station	27 50
3631	(12)	4-11-57	Physical Plant	10 00
3633	(1)	5-3-57	Housing	13 74
TOTAL - URBANA- CHAMPAIGN: (10 cases)				(729 89)
GRAND TOTAL - Cases Where Payments of Hospital or Medical Statements Were Made on the Basis of Referral: (10 cases)				(729 89)

* Case reported previously. # Case pending. -- Some amount paid in previous report.



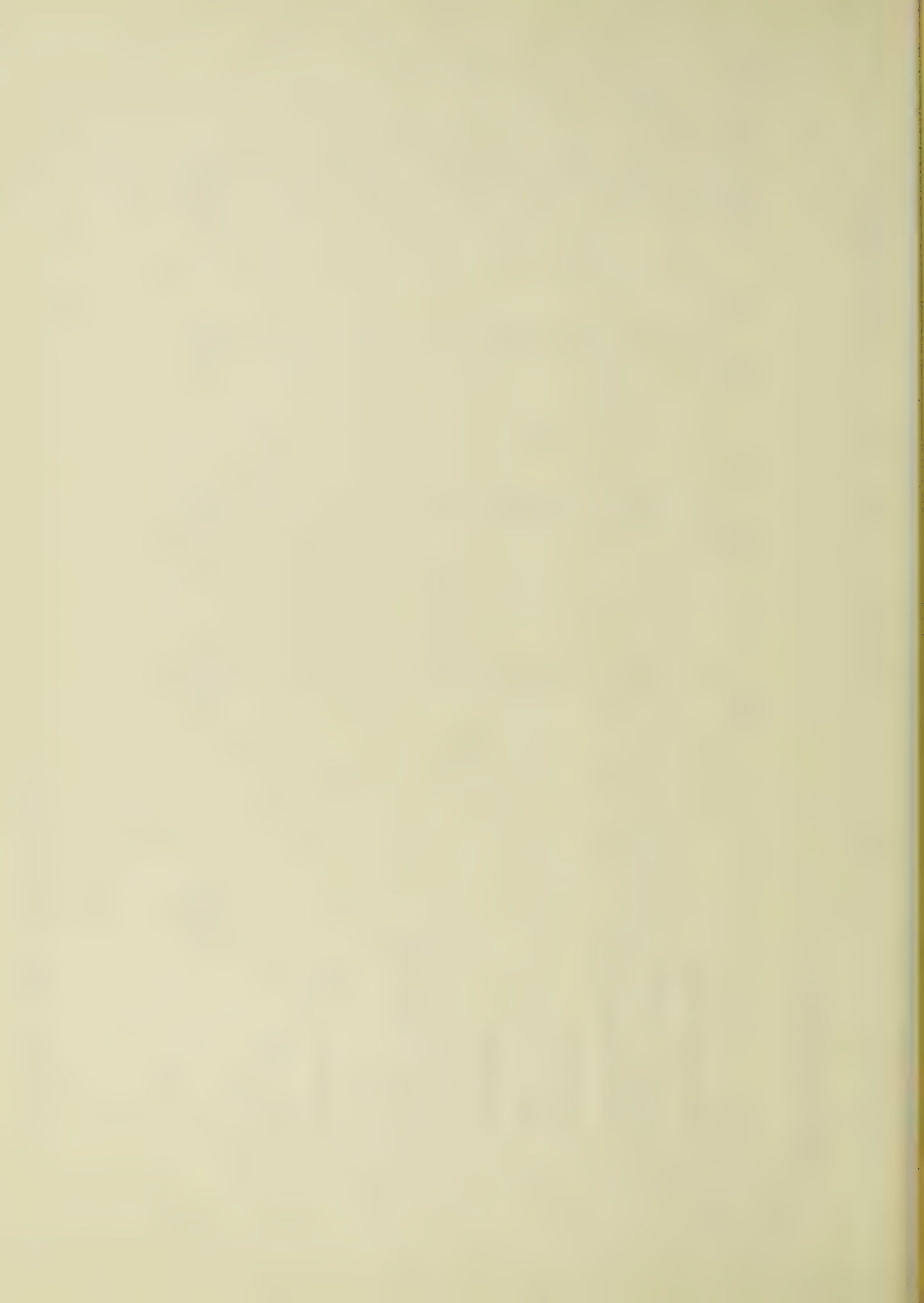
SCHEDULE 4
ANALYSIS OF COMPENSABLE CASES



Analysis of Compensable Cases*
Number of Cases

INJURY	1953 - 54	1954 - 55	1955 - 56	1956 - 57
1. Cuts and Bruises	60	67	80	101
2. Strains, sprains and fractures	76	88	96	101
3. Burns and infections	14	22	24	12
4. Punctures	5	9	8	16
5. Particle in eye	27	21	13	15
6. Splinters	4	3	4	4
7. Inhaling toxic fumes	1	1	2	0
8. Automobile Accidents	2	1	0	0
9. Hernia	10	5	12	6
10. Diagnostic x-ray	0	0	0	0
11. Allergies	6	4	7	6
12. Other	8	18	6	25
TOTAL:	(213)	(239)	(252)	(286)

* Includes all cases listed in Schedule 1.



SCHEDULE 5

COMPARATIVE SUMMARY OF ACCIDENT CASES
BY DEPARTMENT, NUMBER, AND TOTAL COST

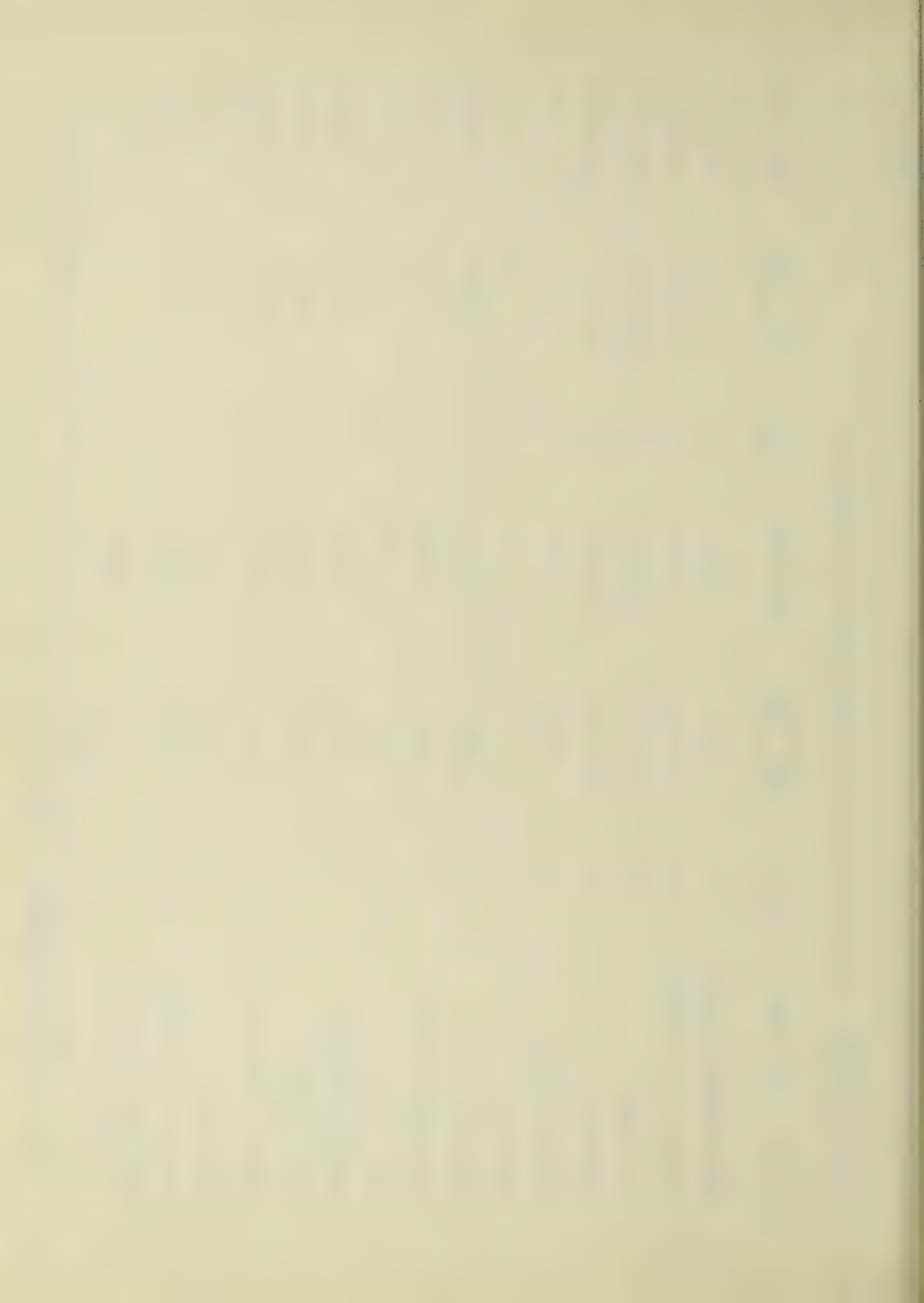


Urbana-Champaign

Comparative Summary of Accident Cases by Department, Number, and Total Cost

College or Department	No. of Cases	1955-1956		Total Cost*	No. of Cases	1956-1957		Total Cost*
		Work. Comp. or O.D. Cost	Work. Comp. or O.D. Cost			Work. Comp. or O.D. Cost	Work. Comp. or O.D. Cost	
Administration & General	6	939.04		999.04	10	1,243.43		1,500.63
Liberal Arts & Sciences	12	4,537.47		4,537.47	14	1,246.85		1,328.85
Agriculture	45	7,612.45		9,258.14	50	8,881.27		10,341.68
Engineering	26	2,947.02		4,349.61	33	1,406.15		1,503.62
Graduate College	2	2.80		2.80	0	0		0
Commerce	0	0		0	0	0		0
Education	3	25.50		25.50	4	991.20		991.20
Fine & Applied Arts	1	90.00		90.00	1	49.90		49.90
Law	1	11.00		11.00	0	0		0
Veterinary Medicine	2	13.50		13.50	4	123.75		161.58
Communications	3	110.00		156.15	7	56.39		173.19
University Extension	3	53.00		53.00	9	2,253.98		2,394.39
Armed Forces	0	0		0	0	0		0
Institute of Aviation	4	528.85		528.85	3	19.25		19.25
Institute of Labor & Industrial Relations	1	121.00		121.00	0	0		0

* To be consistent with previous reports, total cost means University Benefits plus the cost of benefits under the Workmen's Compensation or O.D. Acts.

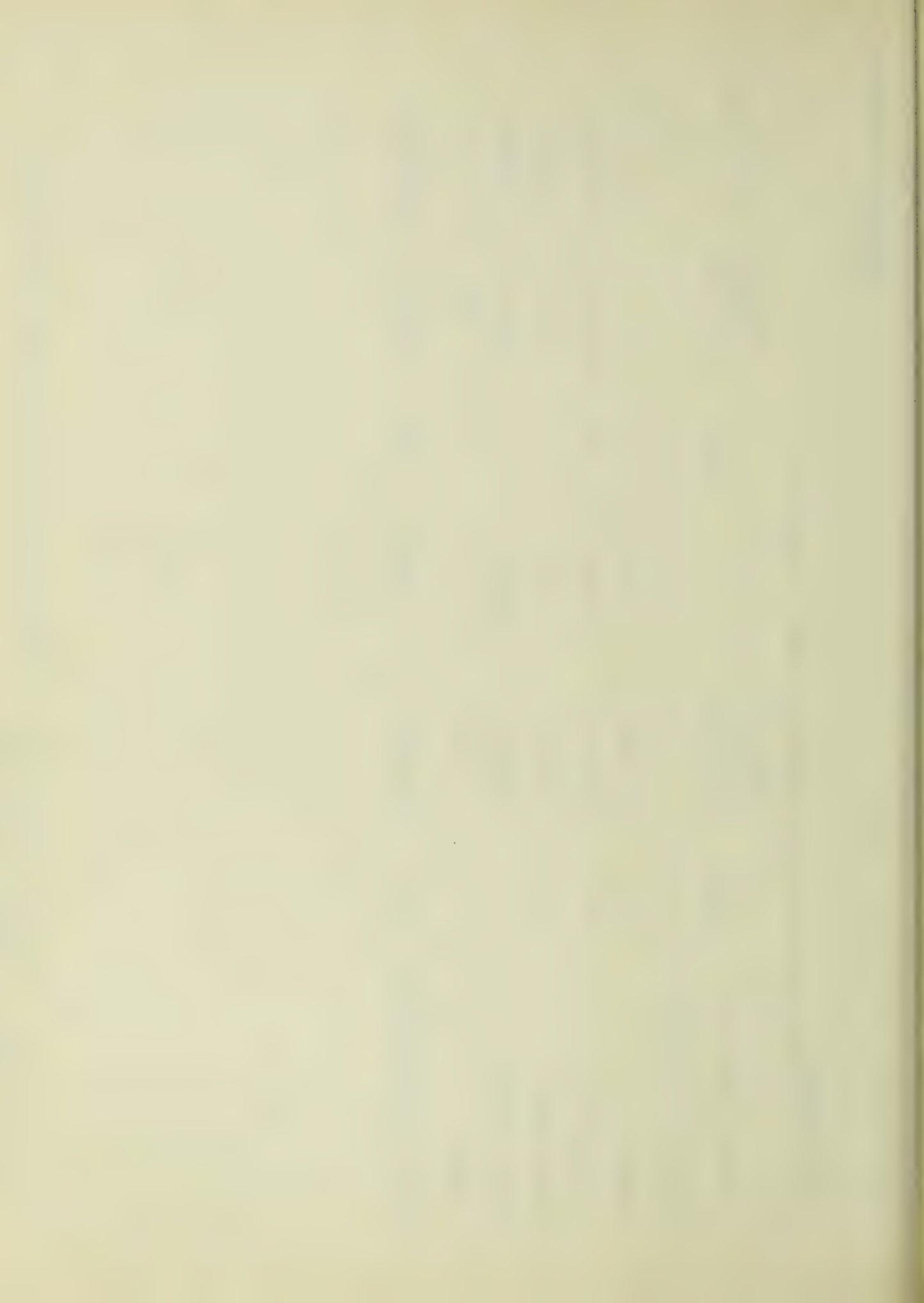


Urbana-Champaign

Comparative Summary of Accident Cases by Department, Number, and Total Cost

College or Department	No. of Cases	1955-1956 Work. Comp. or O.D. Cost	Total Cost*	No. of Cases	1956-1957 Work. Comp. or O.D. Cost	Total Cost*
School of Social Work	0	0	0	0	0	0
Library	1	10.00	10.00	0	0	0
Physical Plant	66	14,357.62	19,349.63	71	20,078.48	21,716.10
Illini Union	17	333.66	531.04	17	1,445.73	1,964.93
Housing Division	24	3,625.97	4,681.45	19	3,443.79	3,908.12
Police	0	0	0	1	8.50	8.50
TOTAL - URBANA-CHAMPAIGN:	(217)	(35,318.88)	(44,718.88)	(245)	(41,320.17)	(46,133.44)

* To be consistent with previous reports, total cost means University Benefits plus the cost of benefits under the Workmen's Compensation or O.D. Acts.



Chicago Professional Colleges

Comparative Summary of Accident Cases by Department, Number, and Total Cost

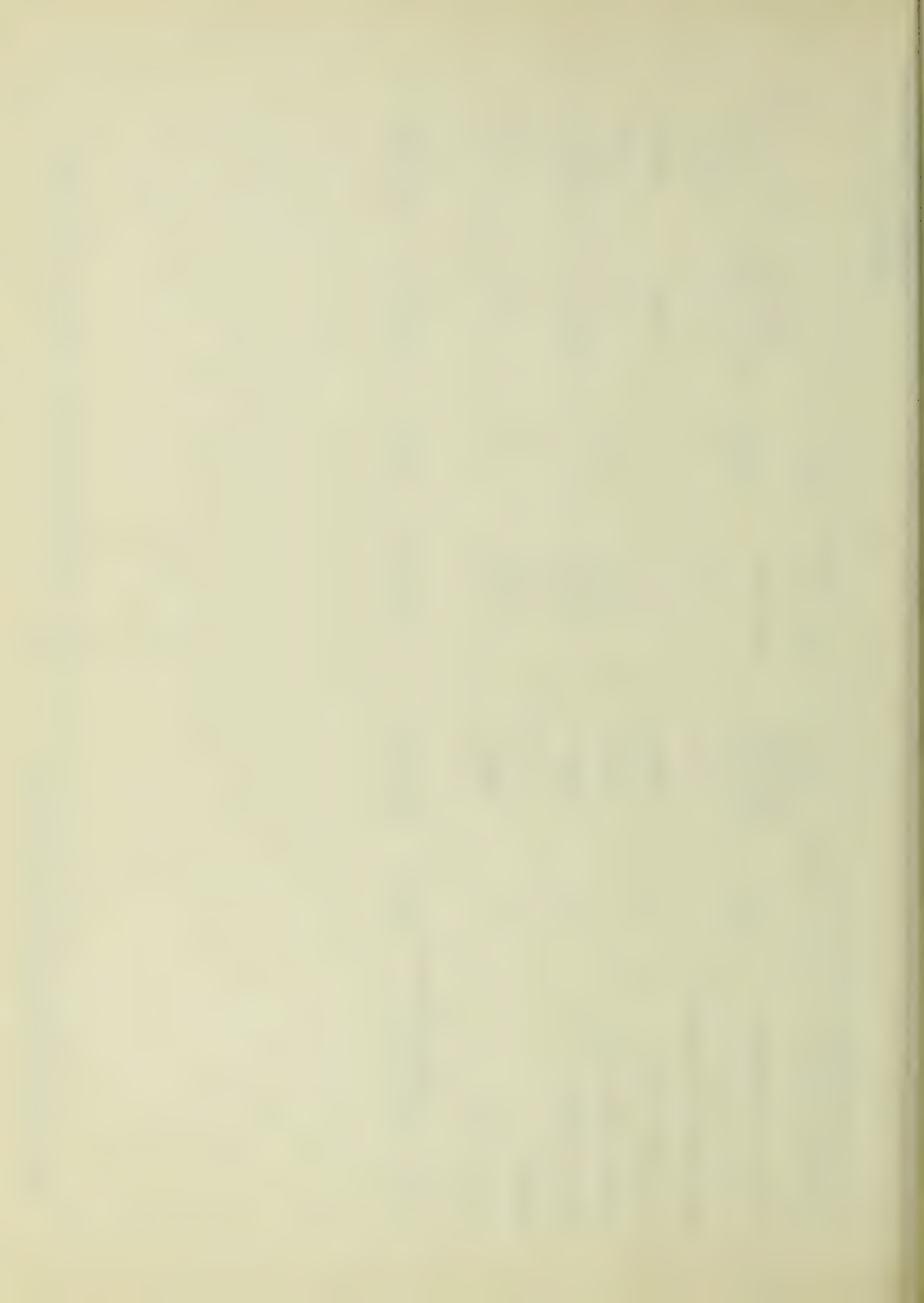
College or Department	No. of Cases	1955-1956 Work. Comp. or O.D. Cost	Total Cost*	No. of Cases	1956-1957 Work. Comp. or O.D. Cost	Total Cost*
Administration & General	1	45.00	85.80	2	55.45	55.45
R & E Hospitals	4	688.54	749.47	9	603.47	993.95
College of Medicine	4	356.70	356.70	2	.60	17.64
Physical Plant	10	1,616.91	2,533.30	11	3,516.95	4,436.97
Housing	1	73.00	73.00	0	0	0
Illini Union	2	323.43	397.82	0	0	0

TOTAL - CHICAGO PROFESSIONAL

COLLEGES:

(22)	(3,103.58)	(4,196.09)	(24)	(4,176.47)	(5,504.01)
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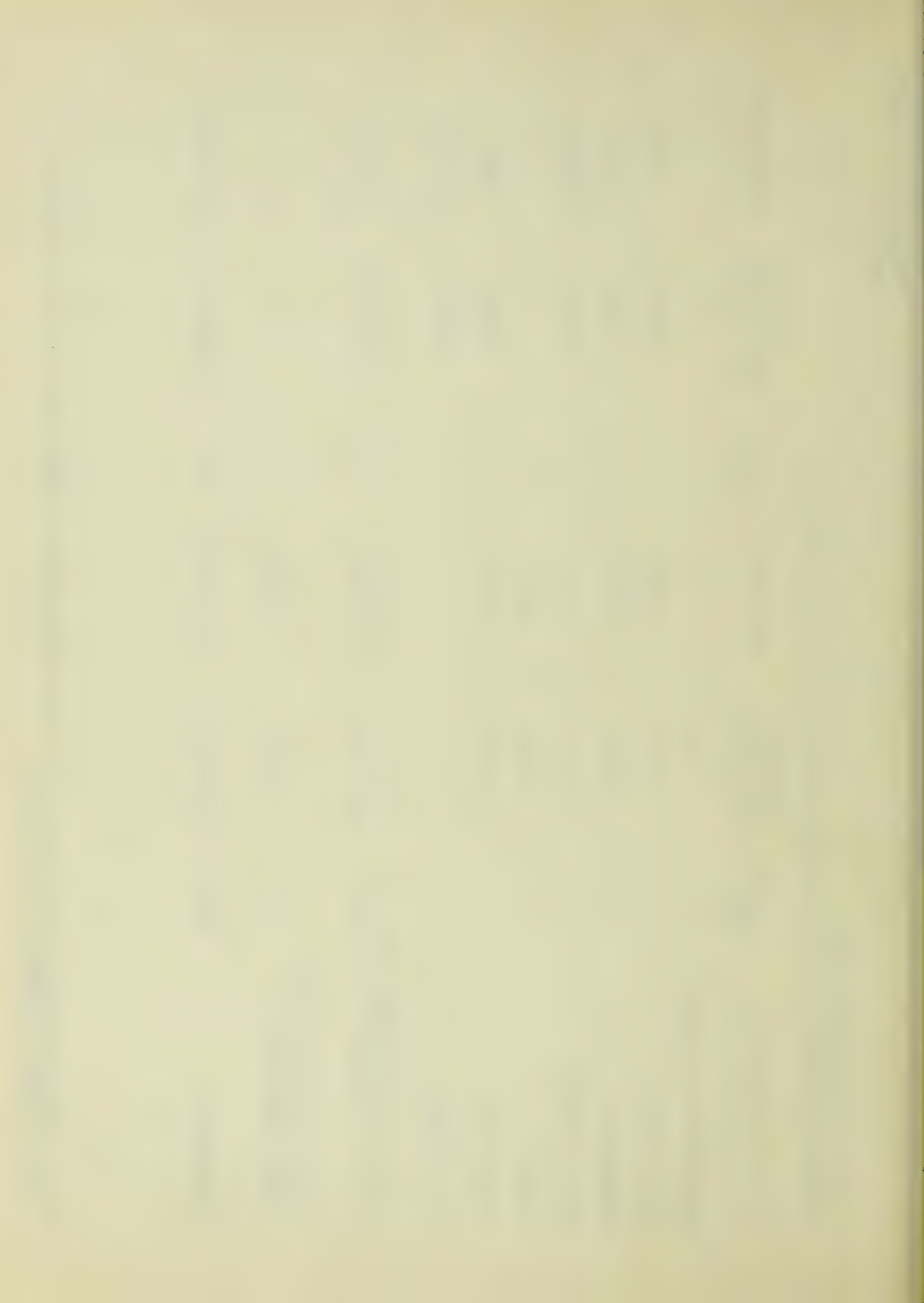
* To be consistent with previous reports, total cost means University Benefits plus the cost of benefits under Workmen's Compensation or O.D. Acts.



Chicago Undergraduate Division
Comparative Summary of Accident Cases by Department, Number and Total Cost

College or Department	No. of Cases	1955-1956 Work. Comp. or O.D. Cost	Total Cost*	No. of Cases	1956-1957 Work. Comp. or O.D. Cost	Total Cost*
Administration & General	0	0	0	0	0	0
Health Service	1	130.00	130.00	1	449.50	449.50
Engineering	1	406.00	406.00	1	18.85	18.85
Physical Education	2	117.45	117.45	3	1,546.50	1,746.32
Library	1	118.75	118.75	0	0	0
Physical Plant	6	2,979.59	3,572.22	10	491.34	682.13
Illini Union	0	0	0	2	1,258.50	1,258.50
TOTAL - CHICAGO UNDERGRADUATE DIVISION:	(11)	(3,751.79)	(4,344.42)	(17)	(3,764.69)	(4,155.30)
DIVISION OF SERVICES FOR CRIPPLED CHILDREN:	2	407.35	655.67	0	0	0
GRAND TOTAL:	(252)	(42,581.60)	(53,914.36)	(286)	(49,261.33)	(55,792.75)

* To be consistent with previous reports, total cost means University Benefits plus the cost of benefits under Workmen's Compensation or O.D. Acts.



SCHEDULE 6

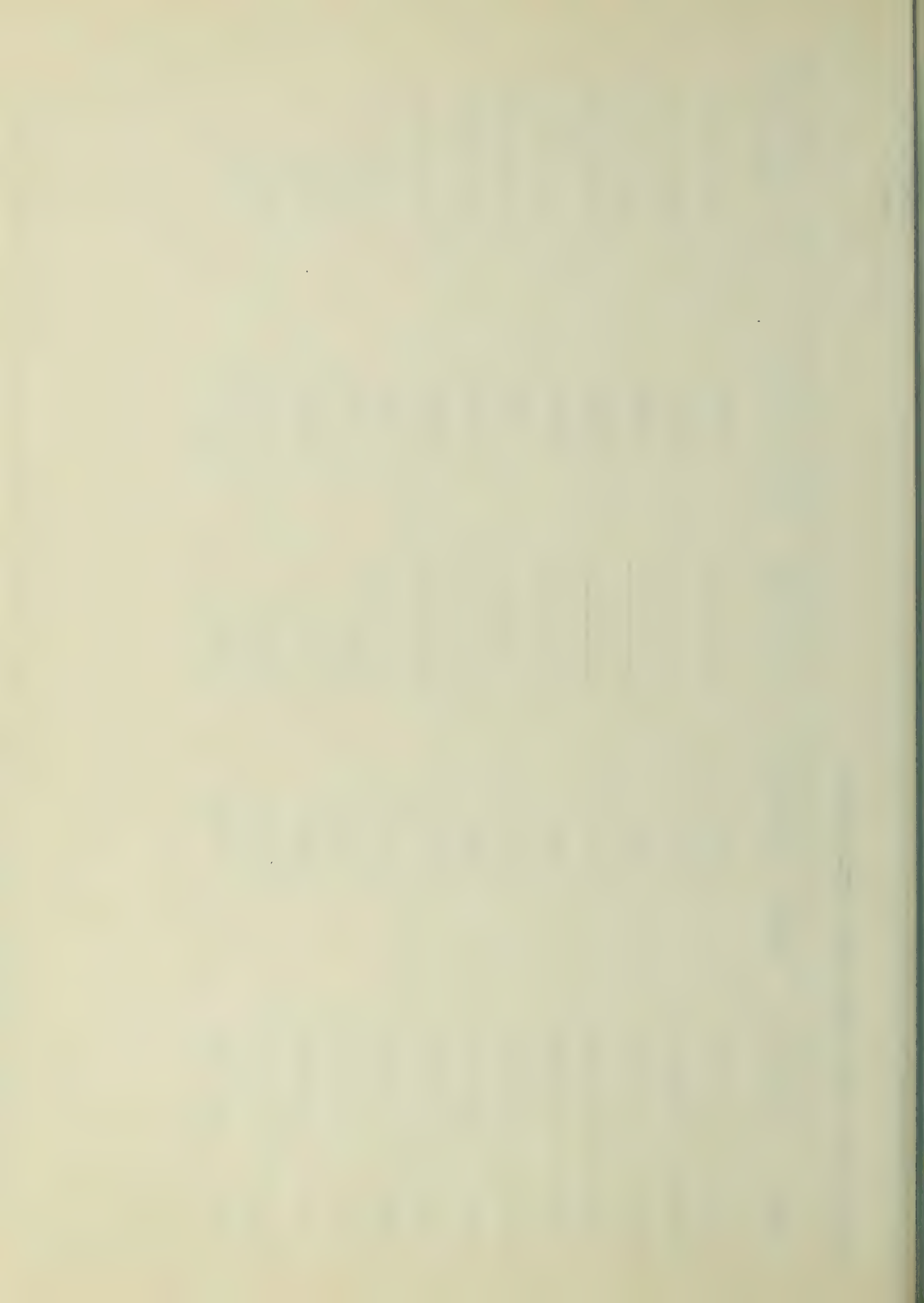
RELATION OF INJURY COSTS TO TOTAL ANNUAL PAYROLL



RELATION OF INJURY COSTS TO TOTAL ANNUAL PAYROLL

Year	Total Annual Payroll	Amount paid by University on Injuries to Employees	Work. Comp. or O.D. Cost	Percent of Injury Costs to Total Payroll	Percent of Work. Comp. or O.D. Costs to Total Payroll
1944 - 45	8 109 186	16 222		0.2000%	
1945 - 46	8 895 000	5 731		0.0640%	
1946 - 47	17 311 112	14 707		0.0850%	
1947 - 48	23 323 264	13 398		0.0570%	
1948 - 49	25 438 883	19 327		0.0760%	
1949 - 50	29 134 839	26 517		0.0909%	
1950 - 51	30 470 619	17 208		0.0565%	
1951 - 52	31 801 212	33 989		0.1068%	
1952 - 53	35 969 804	29 373		0.0816%	
1953 - 54	37 855 681	49 694*	38 712	0.1313%	0.1022
1954 - 55	39 303 520	38 400*	28 943	0.0977%	0.0736
1955 - 56	43 756 102	55 682*	42 581	0.127%	0.0973
1956 - 57	46 117 802	57 467*	49 261	0.1246%	0.1068

* To be consistent with previous reports, total cost means University Benefits plus the cost of benefits under the Illinois Workmen's Compensation or O.D. Acts.



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of
THE UNIVERSITY OF ILLINOIS COMMITTEE ON
ACCIDENT COMPENSATION

for period

JULY 1, 1957 THROUGH JUNE 30, 1958

1957 - 1958

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1957 - 1958

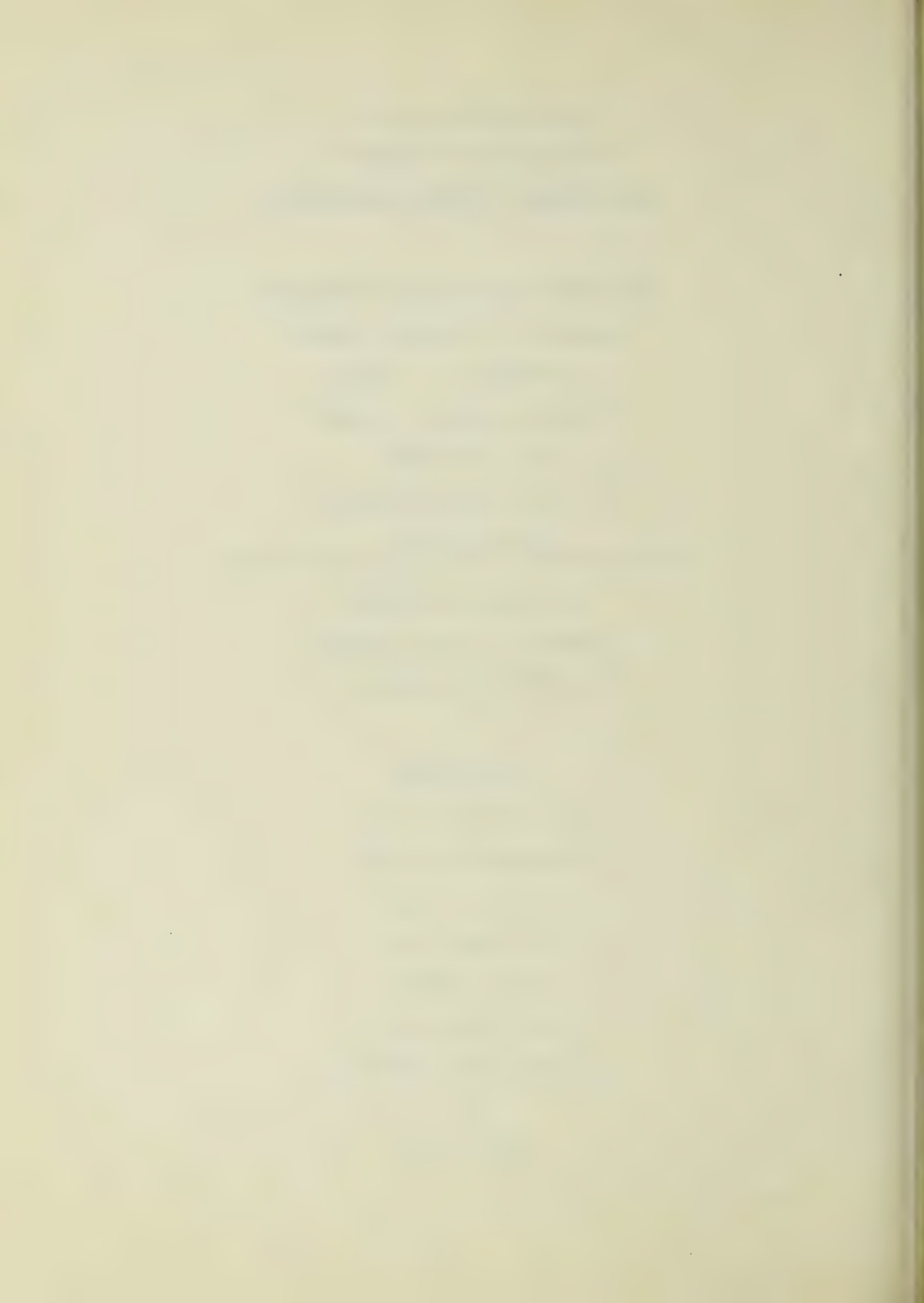


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- Schedule 2 - Common Law Claims (Personal Injury) considered by the Committee on Accident Compensation, July 1, 1957 through June 30, 1958.
- Schedule 3 - Cases where payments of hospital or medical statements were made on the basis of referral.
- Schedule 4 - Analysis of compensable cases.
- Schedule 5 - Comparative summary of accident cases by department, number and total cost.
- Schedule 6 - Cases considered by the Industrial Commission of Illinois and disposition thereof.
- Schedule 7 - Summary in relation to payroll.

¹The amounts are the payments made in the period of July 1, 1957 through June 30, 1958.

Comp. Time Lost indicates the amount paid for time lost under the provisions of the Illinois Workmen's Compensation Act, or the Illinois Occupational Diseases Act.

Medical indicates the amount paid for medical treatment under the provisions of the before-mentioned Acts.

P. Disab. Final Settlement indicates the amount paid in settlement of the case under the provisions of the before-mentioned Acts.

O.D. or Work Comp. Costs indicates the total amount paid under the provisions of the before-mentioned Acts.

* Indicates the case has been reported in the previous year or years.

Indicates the case is still pending.

-- Indicates payments were made in the previous year or years.

Report prepared by Max N. Pike
Supervisor of Accident Compensation
and Alfreda Mitchell, Clerk-Steno II

MEMORANDUM

1. The purpose of this memorandum is to provide a summary of the information received from the various sources regarding the activities of the [redacted] during the period [redacted] to [redacted].

2. The information was obtained from [redacted] and [redacted] who provided a detailed account of the [redacted] activities and the [redacted] of the [redacted] during the [redacted] period.

3. The [redacted] activities were [redacted] and [redacted] in nature, and the [redacted] of the [redacted] was [redacted] and [redacted].

4. The [redacted] activities were [redacted] and [redacted] in nature, and the [redacted] of the [redacted] was [redacted] and [redacted].

5. The [redacted] activities were [redacted] and [redacted] in nature, and the [redacted] of the [redacted] was [redacted] and [redacted].

6. The [redacted] activities were [redacted] and [redacted] in nature, and the [redacted] of the [redacted] was [redacted] and [redacted].

7. The [redacted] activities were [redacted] and [redacted] in nature, and the [redacted] of the [redacted] was [redacted] and [redacted].

8. The [redacted] activities were [redacted] and [redacted] in nature, and the [redacted] of the [redacted] was [redacted] and [redacted].

9. The [redacted] activities were [redacted] and [redacted] in nature, and the [redacted] of the [redacted] was [redacted] and [redacted].

10. The [redacted] activities were [redacted] and [redacted] in nature, and the [redacted] of the [redacted] was [redacted] and [redacted].

[redacted]

SCHEDULE 1

ACCIDENT CASES CONSIDERED BY THE COMMITTEE ON ACCIDENT

COMPENSATION JULY 1, 1957 THROUGH JUNE 30, 1958



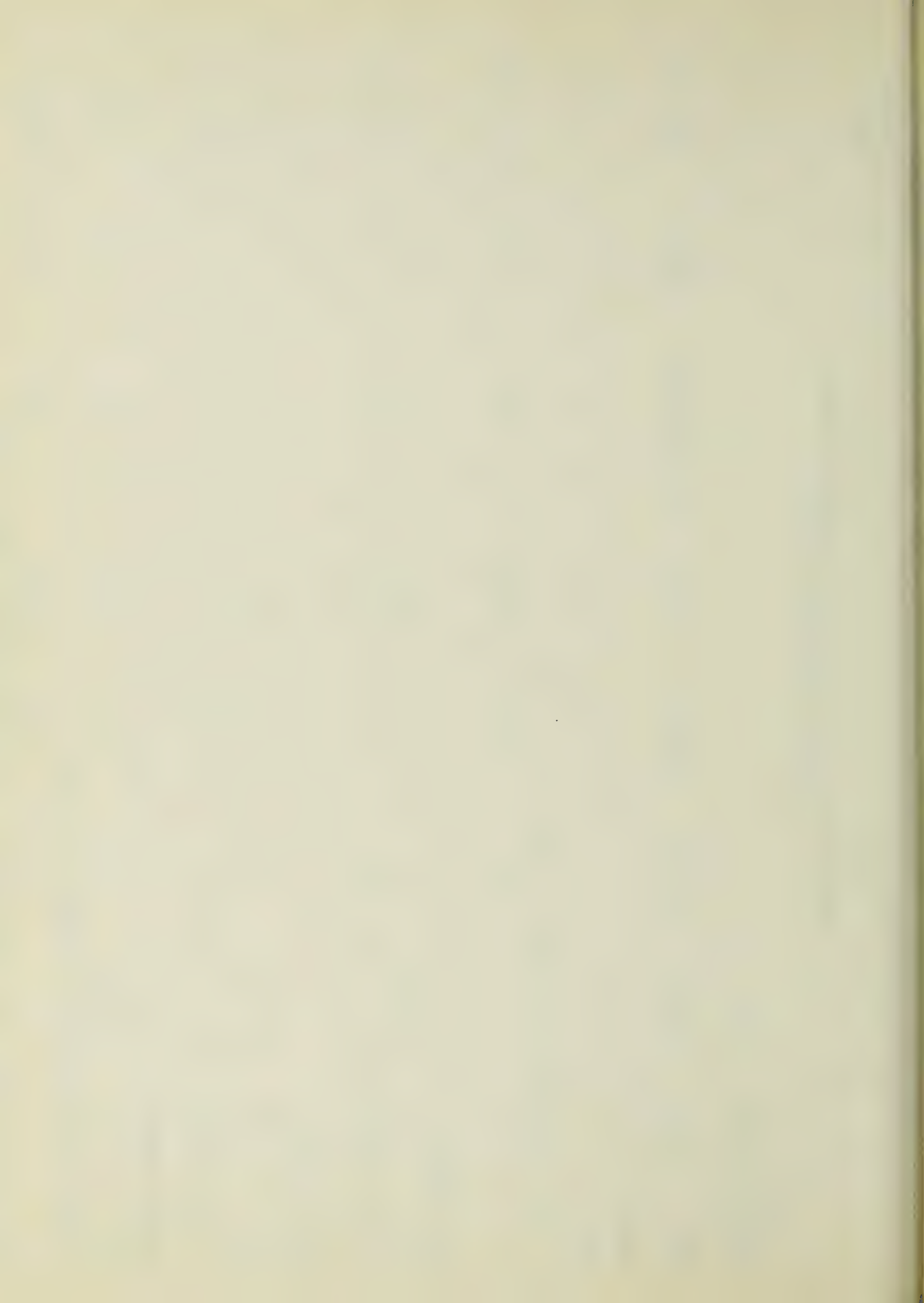
URBANA-CHAMPAIGN



UNIVERSITY OF ILLINOIS COMMITTEE ON ACCIDENT COMPENSATION
July 1, 1957 to June 30, 1958Urbana-Champaign
Administration and General

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Admissions and Records								
3774	(1)	1-10-58	0	0	8 00	0	0	8 00
Total - Admissions and Records: (1 case)								
			(0)	(0)	(8 00)	(0)	(0)	(8 00)
Dean of Women								
3815	(1)	2-16-58	0	0	23 50	0	0	23 50
Total - Dean of Women: (1 case)								
			(0)	(0)	(23 50)	(0)	(0)	(23 50)
Business Office								
3728	(1)	10-17-58	12	27 86	62 25	0	0	90 11
Total - Business Office: (1 case)(12)								
			(12)	(27 86)	(62 25)	(0)	(0)	(90 11)
McKinley Hospital Operations								
3771	(1)	11-8-57	1	0	12 00	0	0	12 00
Total - McKinley Hospital Operations: (1 case)								
			(1)	(0)	(12 00)	(0)	(0)	(12 00)

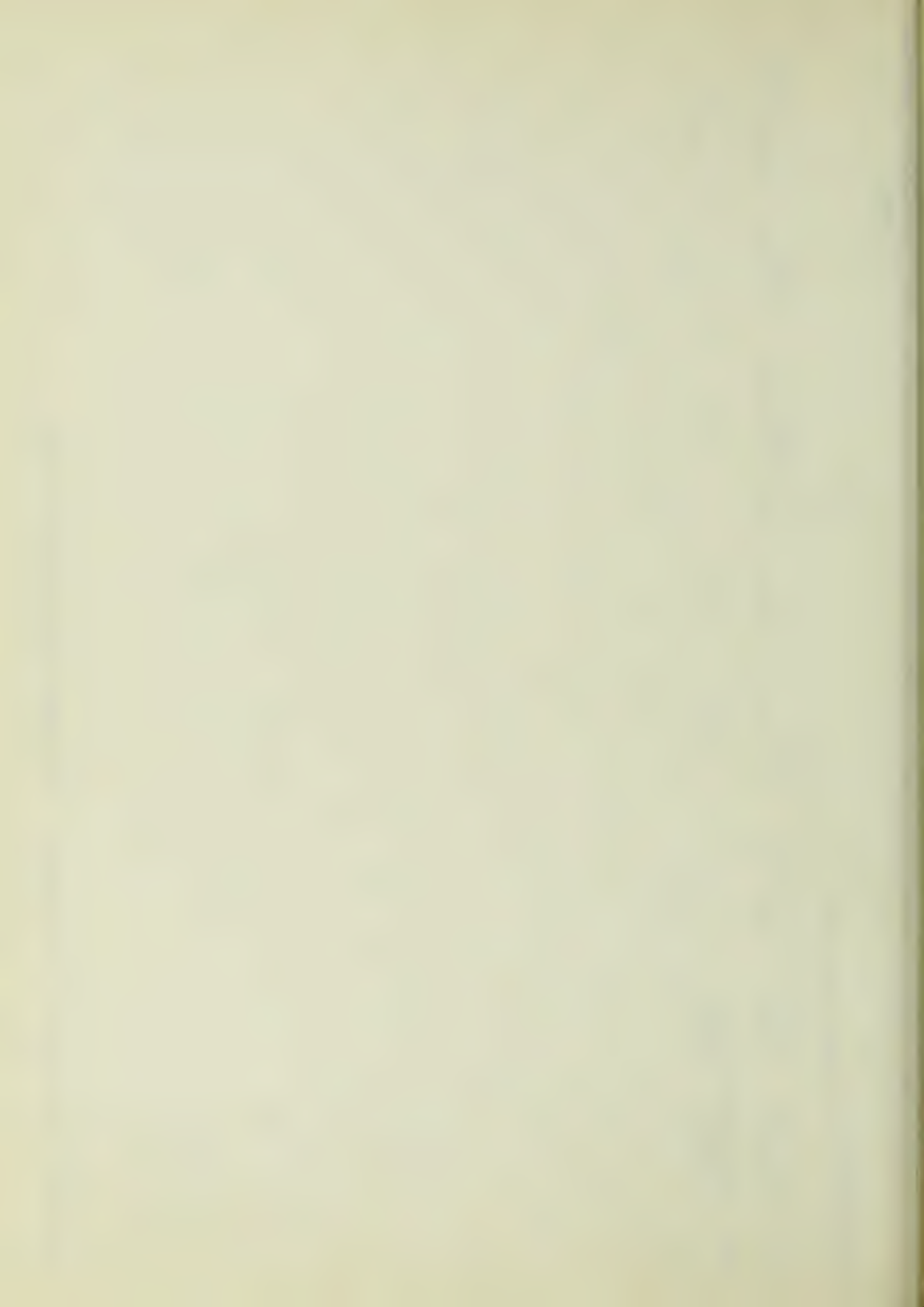
* Case reported previously. # Case pending. --Some amount paid in previous report.



Urbana-Champaign
Administration and General (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
TOTAL - ADMINISTRATION AND GENERAL:		(4 cases)	(13)	(27 86)	(105 75)	(0)	(0)	(133 61)

* Case reported previously. # Case pending. -- Some amount paid in previous report.



Urbana-Champaign
Liberal Arts and Sciences

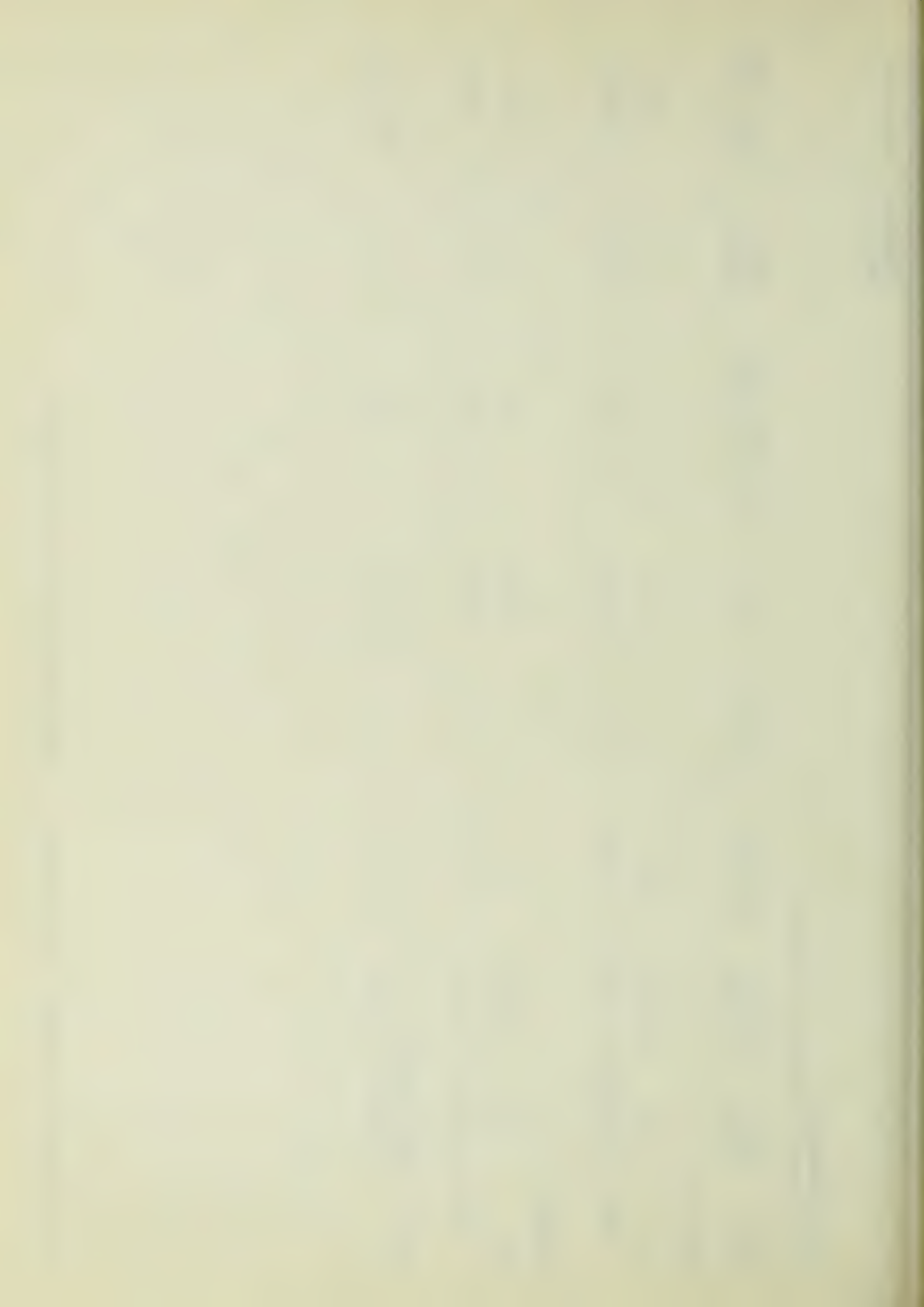
Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Botany								
3778	(1)	1-14-58	5	0	75 50	0	0	75 50
Total - Botany: (1 case)		(5)		(0)	(75 50)	(0)	(0)	(75 50)
Biochemistry								
3775	(3)	1-8-58	0	0	6 00	0	0	6 00
Total - Biochemistry: (1 case)		(0)		(0)	(6 00)	(0)	(0)	(6 00)
Chemistry and Chemical Engineering								
3690	(6)	7-10-57	0	0	7 50	0	0	7 50
Total - Chemistry and Chemical Engineering: (1 case)		(0)		(0)	(7 50)	(0)	(0)	(7 50)
Mathematics								
3720	(4)	9-19-57	0	0	4 00	0	0	4 00
Total - Mathematics: (1 case)		(0)		(0)	(4 00)	(0)	(0)	(4 00)

* Case reported previously. # Case pending. -- Some amount paid in previous report.

Urbana-Champaign
Liberal Arts and Sciences (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Physiology								
3736	(2)	10-25-57	4 1/2	0	31 00	0	0	31 00
Total - Physiology: (1 case)				(0)	(31 00)	(0)	(0)	(31 00)
Zoology								
3878	(1)	5-27-58	0	0	6 50	0	0	6 50
Total - Zoology: (1 case)				(0)	(6 50)	(0)	(0)	(6 50)
TOTAL - LIBERAL ARTS AND SCIENCES: (6 cases)				(0)	(130 50)	(0)	(0)	(130 50)

* Case reported previously. # Case pending. -- Some amount paid in previous report.



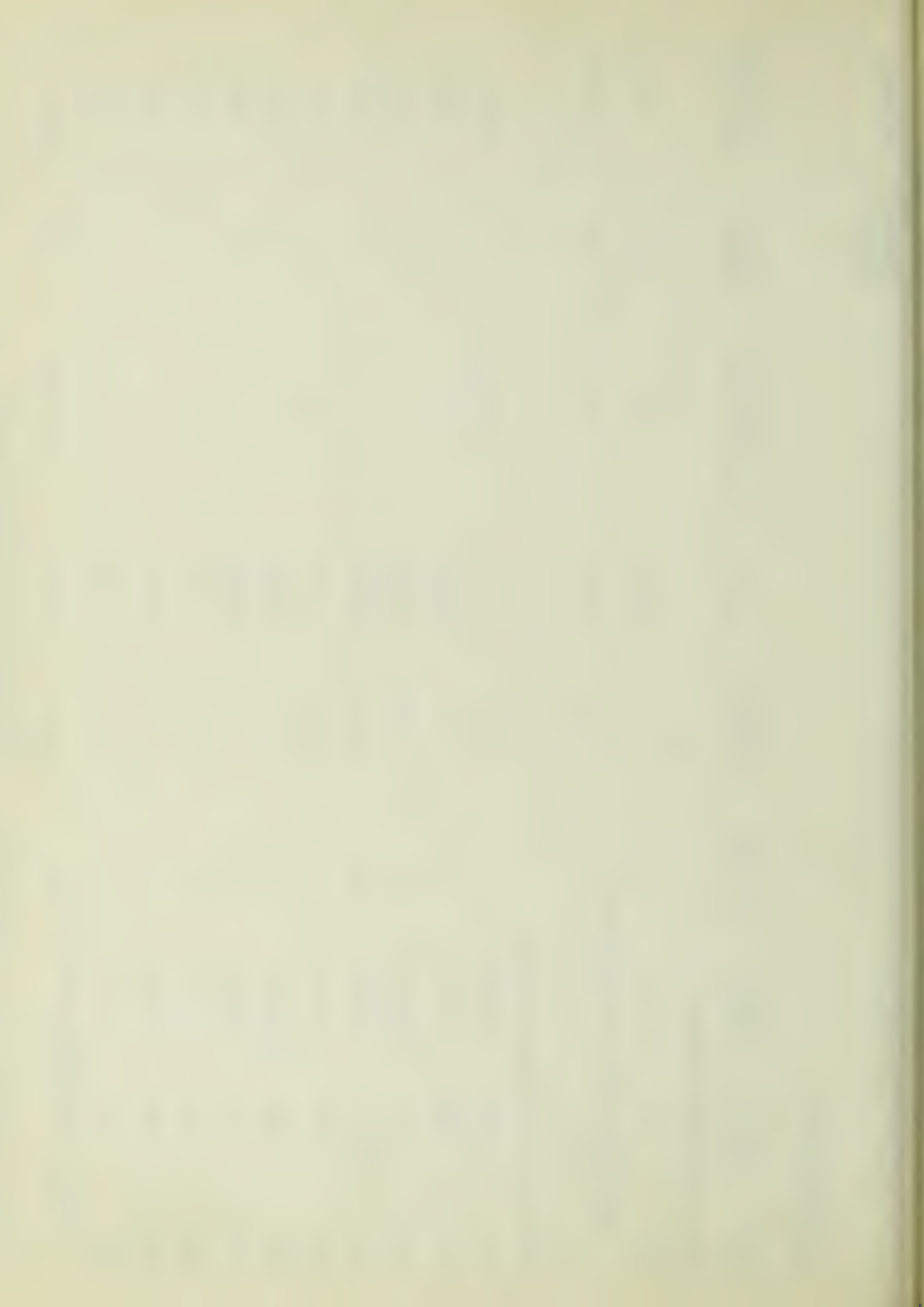
Urbana-Champaign
Agriculture

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
3786	(2)	1-20-58	0	0	10 00	0	0	10 00
Total - Agriculture Administration:								
(1 case)			(0)	(0)	(10 00)	(0)	(0)	(10 00)

Dixon Springs Experiment Station

3428	(2)*#	6-20-56	0	0	0	1775 83	0	1775 83
3622	(2)*#	4-1-57	0	0	52 00	0	0	52 00
3659	(5)	6-20-57	14	35 00	54 40	0	0	89 40
3681	(1)	7-11-57	11	17 14	21 00	0	0	38 14
3715	(1)	9-9-57	0	0	11 00	0	0	11 00
3748	(1)	11-25-57	0	0	12 00	0	0	12 00
3766	(1)	6-22-57	16	0	30 05	0	0	30 05
3792	(2)#	2-2-58	0	0	25 00	0	0	25 00
3793	(2)#	1-20-58	0	0	18 00	0	0	18 00
3873	(2)#	5-6-58	4	0	15 00	0	0	15 00
Total - Dixon Springs Experiment Station: (10 cases)								
			(45)	(52 14)	(238 45)	(1775 83)	(0)	(2066 42)

* Case reported previously. # Case pending. -- Some amount paid in previous report.



Urbana-Champaign
Agriculture (continued)

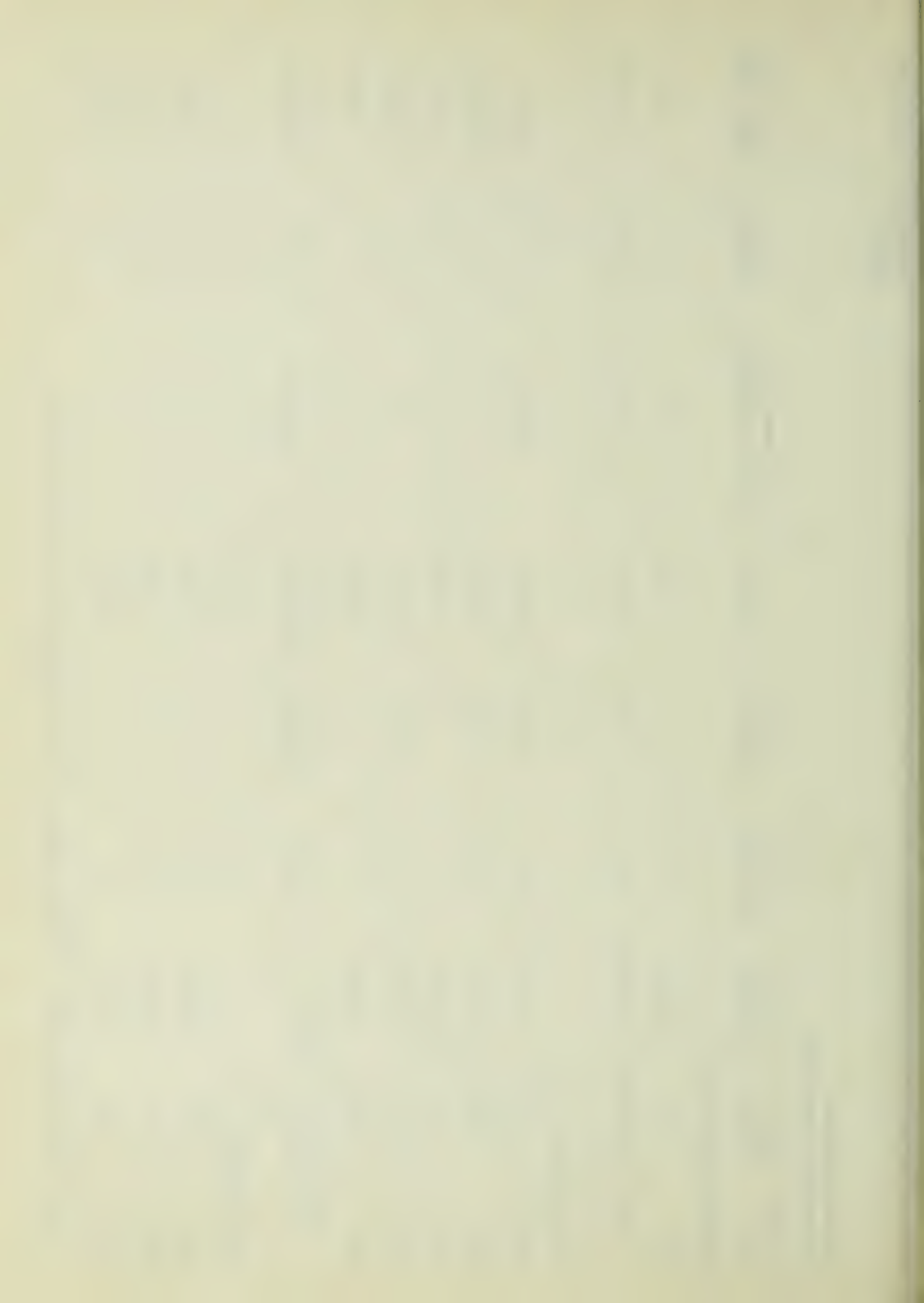
Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Agricultural Extension								
3801	(1)	2-15-58	0	0	95 50	160 00	0	255 50
Total - Agricultural Extension: (1 case)								
			(0)	(0)	(95 50)	(160 00)	(0)	(255 50)
Agriculture Economics								
3746	(1)#	11-7-57	1 1/2	0	44 00	0	0	44 00
3840	(2)	4-10-58	1	0	10 00	0	0	10 00
Total - Agriculture Economics: (2 cases)								
			(2 1/2)	(0)	(54 00)	(0)	(0)	(54 00)
Agricultural Engineering								
3594	(1)*	3-1-57	0	0	28 00	68 00	0	96 00
Total - Agricultural Engineering: (1 case)								
			(0)	(0)	(28 00)	(68 00)	(0)	(96 00)
Agronomy								
3678	(4)	7-8-57	0	0	2 00	0	0	2 00

* Case reported previously. # Case pending. -- Some amount paid in previous report.

Urbana-Champaign
Agriculture (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
3751	(1)	11-26-57	0	0	7 50	0	0	7 50
Total - Agronomy: (2 cases)			(0)	(0)	(9 50)	(0)	(0)	(9 50)
Animal Science								
3668	(2)	7-5-57	195	975 00	1925 30	5100 00	0	8000 30
3755	(2)#	12-4-57	18	61 29	63 00	0	0	124 29
3761	(2)	11-14-57	0	0	10 00	0	0	10 00
3820	(2)	3-9-58	11	8 53	10 00	0	0	18 53
3876	(1)#	6-2-58	1	0	56 00	0	0	56 00
Total - Animal Science: (5 cases)			(225)	(1044 82)	(2064 30)	(5100 00)	(0)	(8209 12)
Dairy Science								
3624	(1)*	4-17-57	0	0	8 00	0	0	8 00
3684	(1)	7-20-57	0	0	2 50	0	0	2 50
3706	(2)	8-23-57	0	0	20 00	0	0	20 00

* Case reported previously. # Case pending. -- Some amount paid in previous report.



Urbana-Champaign
Agriculture (continued)

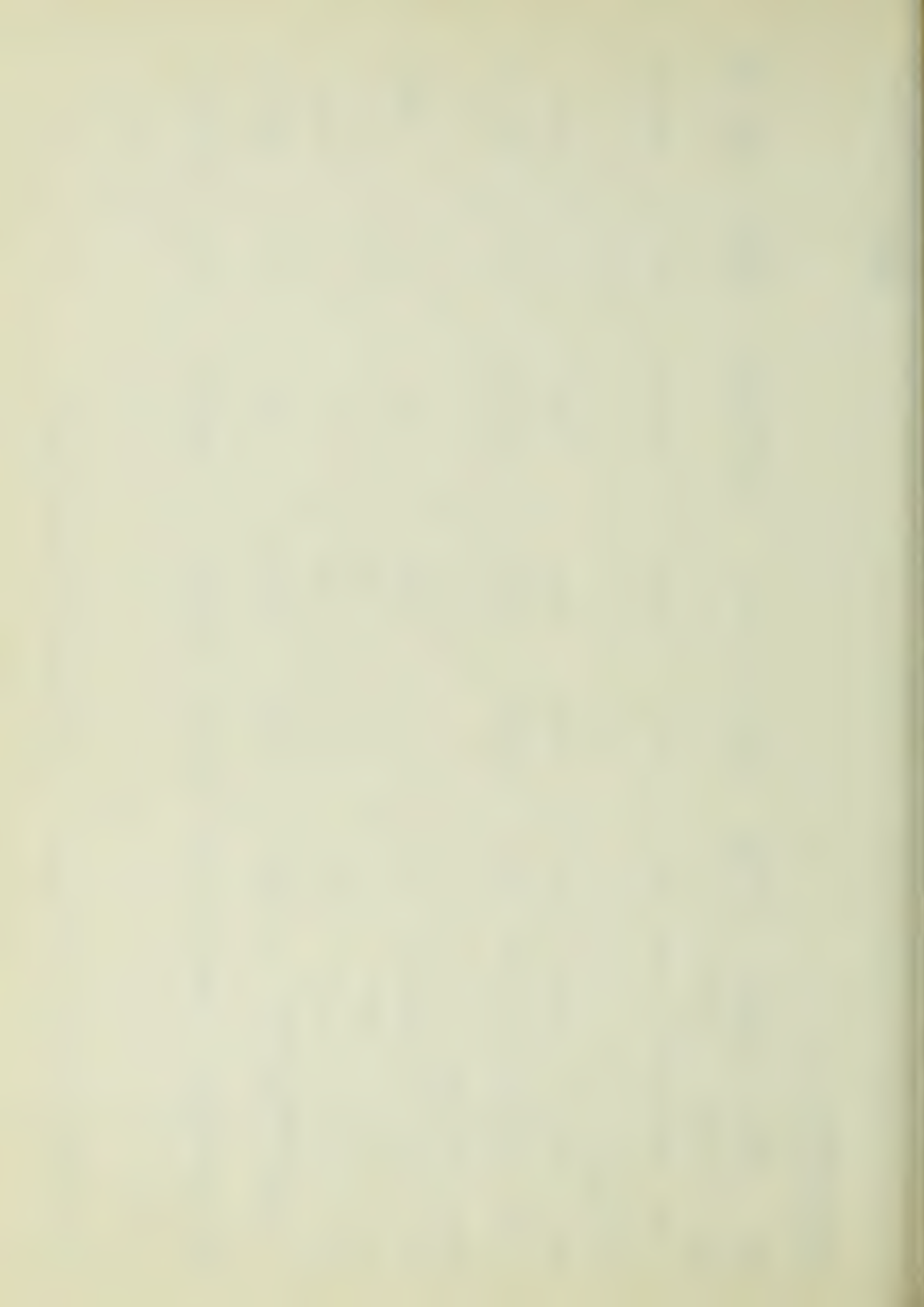
Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Dairy Science (continued)								
3726	(12)	10-2-57	0	0	93 00	0	0	93 00
Total - Dairy Science: (4 cases)					(0)	(0)	(0)	(123 50)
Dairy Technology								
3687	(2)	7-19-57	0	0	15 00	0	0	15 00
3695	(1)	7-19-57	0	0	8 50	0	0	8 50
Total - Dairy Technology: (2 cases)					(0)	(0)	(0)	(23 50)
Food Technology								
3689	(1)	7-27-57	0	0	55 50	0	0	55 50
Total - Food Technology: (1 case)					(0)	(0)	(0)	(55 50)
Horticulture								
3528	(5)*#	10-27-56	0	0	0	1772 83	0	1772 83
3789	(3)	1-5-58	0	0	2 00	0	0	2 00
3807	(2)	2-25-58	5	0	24 40	0	0	24 40

* Case reported previously. # Case pending. -- Some amount paid in previous report.

Urbana-Champaign
Agriculture (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
3808	(2)#	2-4-58	0	0	226 75	0	0	226 75
Total - Horticulture: (4 cases) (5)								
				(0)	(253 15)	(1772 83)	(0)	(2025 98)
Mailing Room								
3682	(2)	7-19-57	30	154 29	60 00	360 00	0	574 29
Total - Mailing Room: (1 case) (30)								
				(154 29)	(60 00)	(360 00)	(0)	(574 29)
Robert Allerton Park								
3671	(1)	6-26-57	0	0	13 75	0	0	13 75
3710	(2)	9-3-57	0	0	3 00	0	0	3 00
3802	(2)	2-19-58	18	62 86	49 30	0	0	112 16
Total - Robert Allerton Park: (3 cases) (18)								
				(62 86)	(66 05)	(0)	(0)	(128 91)
TOTAL - AGRICULTURE: (37 cases) (325 1/2)								
				(1314 11)	(3081 45)	(9236 66)	(0)	(13632 22)

* Case reported previously. # Case pending. -- Some amount paid in previous report.



Urbana-Champaign
Engineering

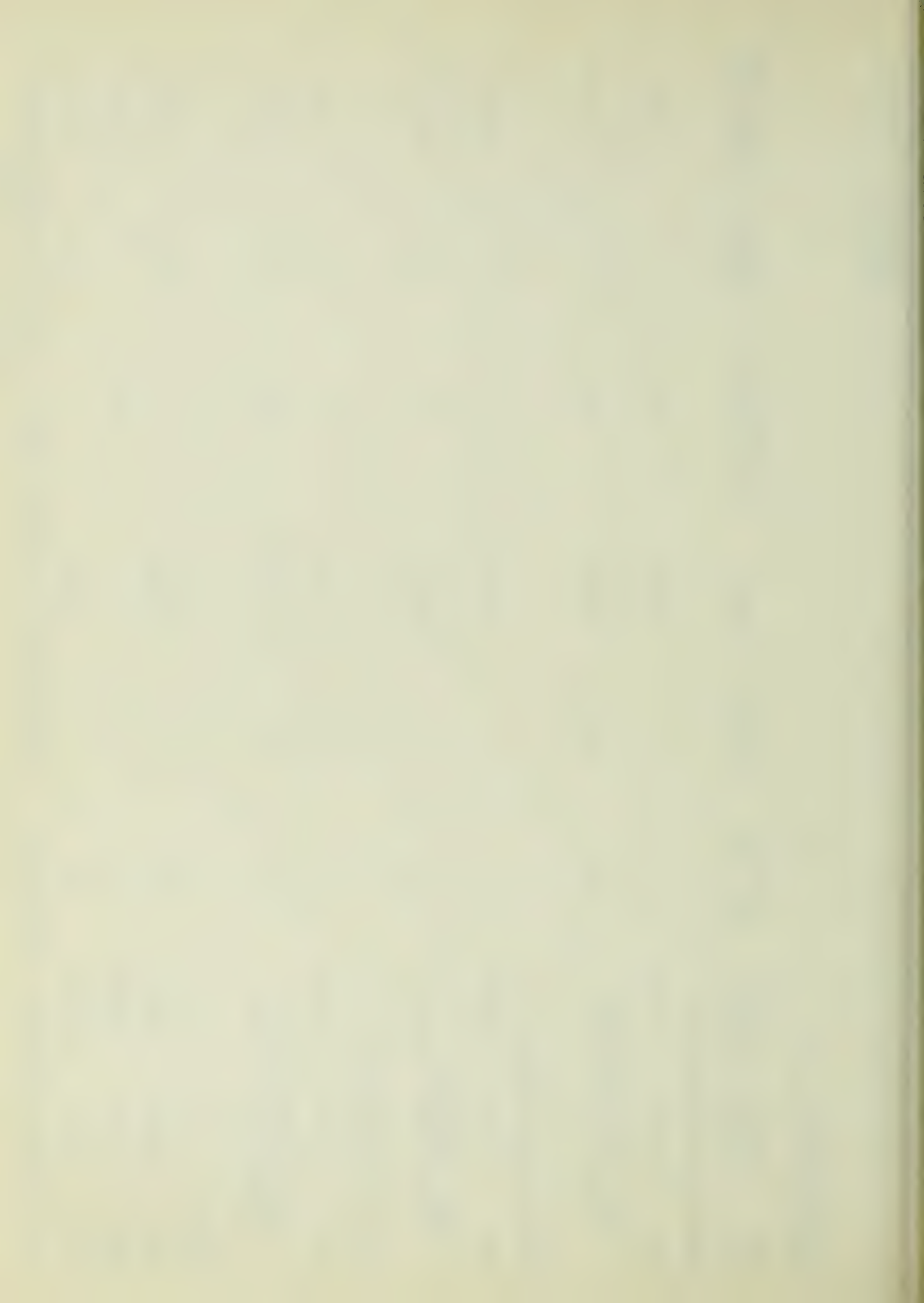
Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Aeronautical Engineering								
3685	(1)	7-15-57	0	0	6 50	0	0	6 50
Total - Aeronautical Engineering: (1 case)								
			(0)	(0)	(6 50)	(0)	(0)	(6 50)
Chemical Engineering								
3658	(5)	6-23-57	0	0	14 50	0	0	14 50
3672	(3)	7-3-57	0	0	3 00	0	0	3 00
3745	(1)	11-7-57	0	0	34 00	0	0	34 00
3762	(1&3)	12-2-57	72	356 09	1269 50	0	0	1625 59
Total - Chemical Engineering: (4 cases)								
			(72)	(356 09)	(1321 00)	(0)	(0)	(1677 09)
Civil Engineering								
3653	(1)	6-4-57	0	0	31 00	0	0	31 00
3758	(2)	12-6-57	9	11 14	43 50	0	0	54 64
3856	(2)#	5-1-58	0	0	21 25	0	0	21 25
Total - Civil Engineering: (3 cases)								
			(9)	(11 14)	(95 75)	(0)	(0)	(106 89)

* Case reported previously. # Case pending. -- Some amount paid in previous report.

Urbana-Champaign
Engineering (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Control Systems Laboratory								
3409	(2)*	1-3-56	0	0	10 00	0	0	10 00
Total - Control Systems Laboratory: (1 case)								
			(0)	(0)	(10 00)	(0)	(0)	(10 00)
Electrical Engineering:								
3569	(2)*	1-21-57	7	0	128 50	0	0	128 50
Total - Electrical Engineering: (1 case)								
			(7)	(0)	(128 50)	(0)	(0)	(128 50)
Mechanical Engineering:								
3740	(1)	11-6-57	0	0	10 00	0	0	10 00
Total - Mechanical Engineering: (1 case)								
			(0)	(0)	(10 00)	(0)	(0)	(10 00)
Physics								
2437	(12)*#T	43-44	0	0	158 00	0	24 00	182 00
3603	(1)*	3-12-57	0	0	0	35 00	0	35 00
3640	(10)*	11-2-56	10	0	439 25	0	10 45	449 70

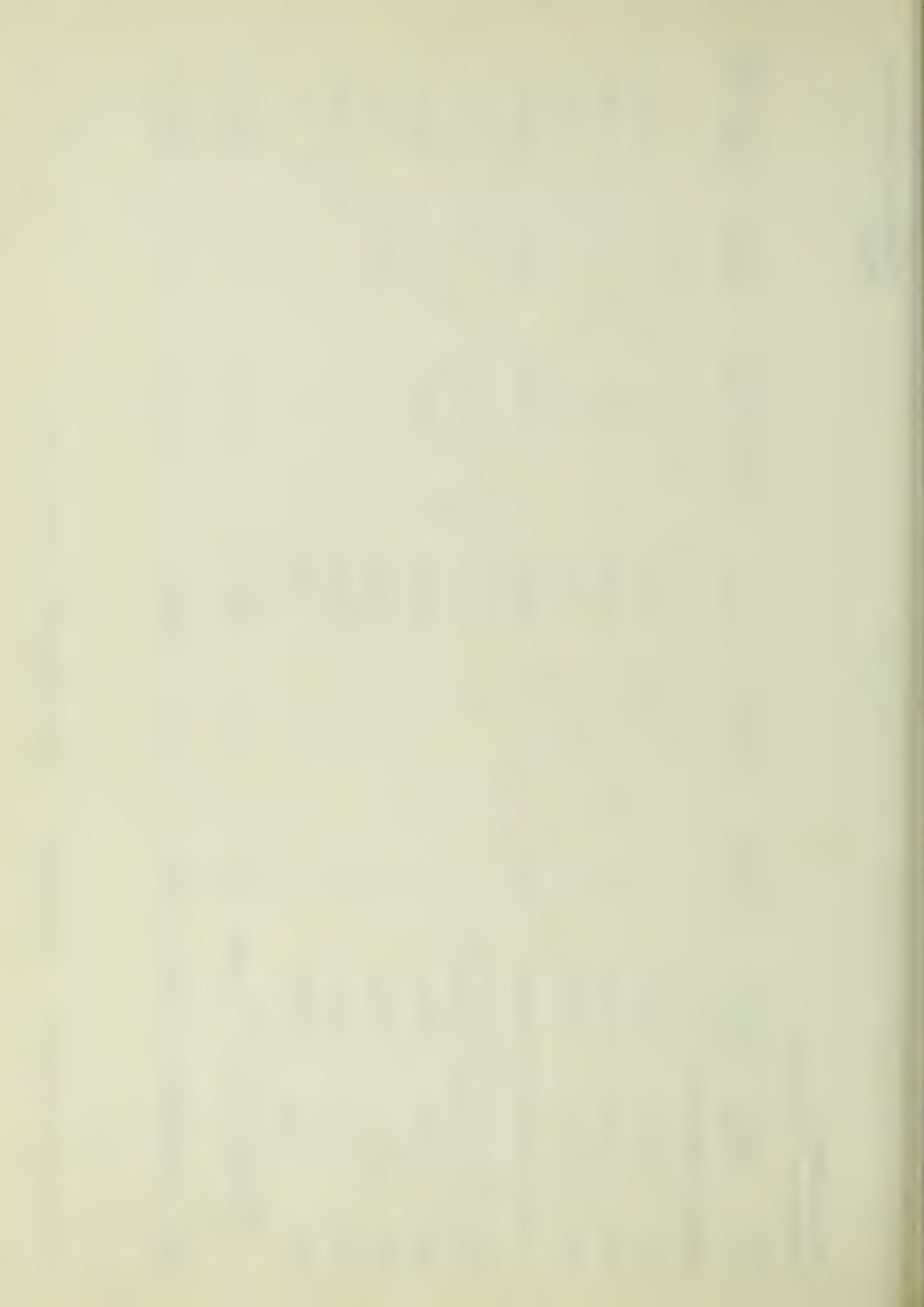
* Case reported previously. # Case pending. -- Some amount paid in previous report. (T) Case previously considered by The Board of Trustees



Urbana-Champaign
Engineering (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Physics (continued)								
3647	(12)	6-3-57	0	0	194 05	0	0	194 05
3686	(1)	7-24-57	0	0	14 00	0	0	14 00
3823	(4)	3-20-58	0	0	3 00	0	0	3 00
Total - Physics: (6 cases)					(808 30)	(35 00)	(34 45)	(877 75)
Theoretical and Applied Mechanics								
3619	(2)*	3-23-57	0	0	154 55	340 00	0	494 55
3673	(1)	7-8-57	2	0	54 00	0	0	54 00
3714	(1)	9-10-57	0	0	28 90	0	0	28 90
3857	(1)	4-29-58	0	0	7 00	0	0	7 00
Total - Theoretical and Applied Mechanics: (4 cases)					(244 45)	(340 00)	(0)	(584 45)
TOTAL - ENGINEERING: (21 cases)					(2624 50)	(375 00)	(34 45)	(3401 18)

* Case reported previously. # Case pending. -- Some amount paid in previous report.



Urbana-Champaign
Graduate College

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Digital Computer Laboratory								
3683	(1)	7-18-57	0	0	20 00	0	0	20 00
Total - Digital Computer Laboratory: (1 case)								
			(0)	(0)	(20 00)	(0)	(0)	(20 00)
TOTAL - GRADUATE COLLEGE: (1 case)								
			(0)	(0)	(20 00)	(0)	(0)	(20 00)

* Case reported previously. # Case pending. -- Some amount paid in previous report.

Urbana-Champaign
Education

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Institute for Research on Exceptional Children								
3576	(2)*#	1-29-57	0	0	289 85	0	0	289 85
Total - Institute for Research on Exceptional Children: (1 case)					(0)	(0)	(0)	(289 85)
University High School								
3798	(1)	2-14-58	0	0	1 75	0	0	1 75
Total - University High School: (1 case)					(0)	(0)	(0)	(1 75)
TOTAL - EDUCATION: (2 cases)					(0)	(0)	(0)	(291 60)

Urbana-Champaign
Fine and Applied Arts

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Art								
3317	(2)*	12-3-55	0	0	0	0	144 36	144 36
Total - Art: (1 case)			(0)	(0)	(0)	(0)	(144 36)	(144 36)
TOTAL - FINE AND APPLIED								
ARTS: (1 case)			(0)	(0)	(0)	(0)	(144 36)	(144 36)

* Case reported previously. # Case pending. -- Some amount paid in previous report.

Urbana-Champaign
Physical Education

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Physical Education for Men								
3602	(2)*	2-26-57	0	0	55 50	0	0	55 50
3853	(2)	4-29-58	5	0	19 00	0	0	19 00
Total - Physical Education for Men: (2 cases)								
			(5)	(0)	(74 50)	(0)	(0)	(74 50)
Physical Education for Women								
3833	(2)	3-6-58	0	0	15 00	0	0	15 00
Total - Physical Education for Women: (1 case)								
			(0)	(0)	(15 00)	(0)	(0)	(15 00)
TOTAL - PHYSICAL EDUCATION: (3 cases)								
			(5)	(0)	(89 50)	(0)	(0)	(89 50)

* Case reported previously. # Case pending. -- Some amount paid in previous report.

Urbana-Champaign
Veterinary Medicine

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
3676	(4)	7-9-57	0	0	1 00	0	0	1 00
3725	(1)	9-25-57	0	0	4 00	0	0	4 00
3796	(2)	2-13-58	0	0	6 00	0	0	6 00
3826	(1)	3-28-58	0	0	32 00	97 50	0	129 50
TOTAL - VETERINARY MEDICINE: (4 cases)					(43 00)	(97 50)	(0)	(140 50)

* Case reported previously. # Case pending. -- Some amount paid in previous report.

Urbana-Champaign
Communications

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Television and Motion Pictures								
3667	(4)	7-1-57	0	0	3 50	0	0	3 50
3698	(1)	7-29-57	0	0	4 00	0	0	4 00
3738	(2)	10-21-57	0	0	2 55	0	0	2 55
Total - Television and Motion Pictures: (3 cases)					(10 05)	(0)	(0)	(10 05)
Print Shop								
3586	(5)*	2-18-57	0	0	32 75	0	0	32 75
Total - Print Shop: (1 case)					(32 75)	(0)	(0)	(32 75)
TOTAL - COMMUNICATIONS: (4 cases)					(42 80)	(0)	(0)	(42 80)

* Case reported previously. # Case pending. -- Some amount paid in previous report.

Urbana-Champaign
University Extension

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Robert Allerton House								
3660	(1)	6-20-57	0	0	4 00	0	0	4 00
3661	(5)	6-20-57	0	0	11 00	0	0	11 00
3664	(3)	6-25-57	0	0	3 00	0	0	3 00
3697	(2)	8-12-57	0	0	8 00	0	0	8 00
3743	(1)	11-14-57	0	0	6 00	0	0	6 00
3764	(3)	12-15-57	0	0	12 00	0	0	12 00
Total - Robert Allerton House: (6 cases)			(0)	(0)	(44 00)	(0)	(0)	(44 00)
Correspondence Courses								
3874	(2)	5-23-58	0	0	2 85	0	0	2 85
Total - Correspondence Courses: (1 case)			(0)	(0)	(2 85)	(0)	(0)	(2 85)
Visual Aids								
3645	(1)*	5-24-57	0	0	7 50	0	0	7 50

* Case reported previously. # Case pending. -- Some amount paid in previous report.

Urbana-Champaign
University Extension

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Visual Aids (continued)								
3839	(2)	4-17-58	1 1/2	0	49 00	0	0	49 00
Total - Visual Aids: (2 cases) (1 1/2) (0) (56 50) (0) (56 50)								
TOTAL - DIVISION OF UNIVERSITY EXTENSION: (9 cases) (1 1/2) (0) (103 35) (0) (103 35)								

* Case reported previously. # Case pending. -- Some amount paid in previous report.

Urbana-Champaign
Institute of Aviation

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Airport								
3711	(2)	9-3-57	0	0	20 00	0	0	20 00
3816	(2)	3-12-58	9	0	14 70	0	0	14 70
3835	(2)	3-29-58	0	0	11 10	0	0	11 10
Total - Airport: (3 cases)			(9)	(0)	(45 80)	(0)	(0)	(45 80)
TOTAL - INSTITUTE OF AVIATION:								
(3 cases)			(9)	(0)	(45 80)	(0)	(0)	(45 80)

* Case reported previously. # Case pending. -- Some amount paid in previous report.

Urbana-Champaign
Library

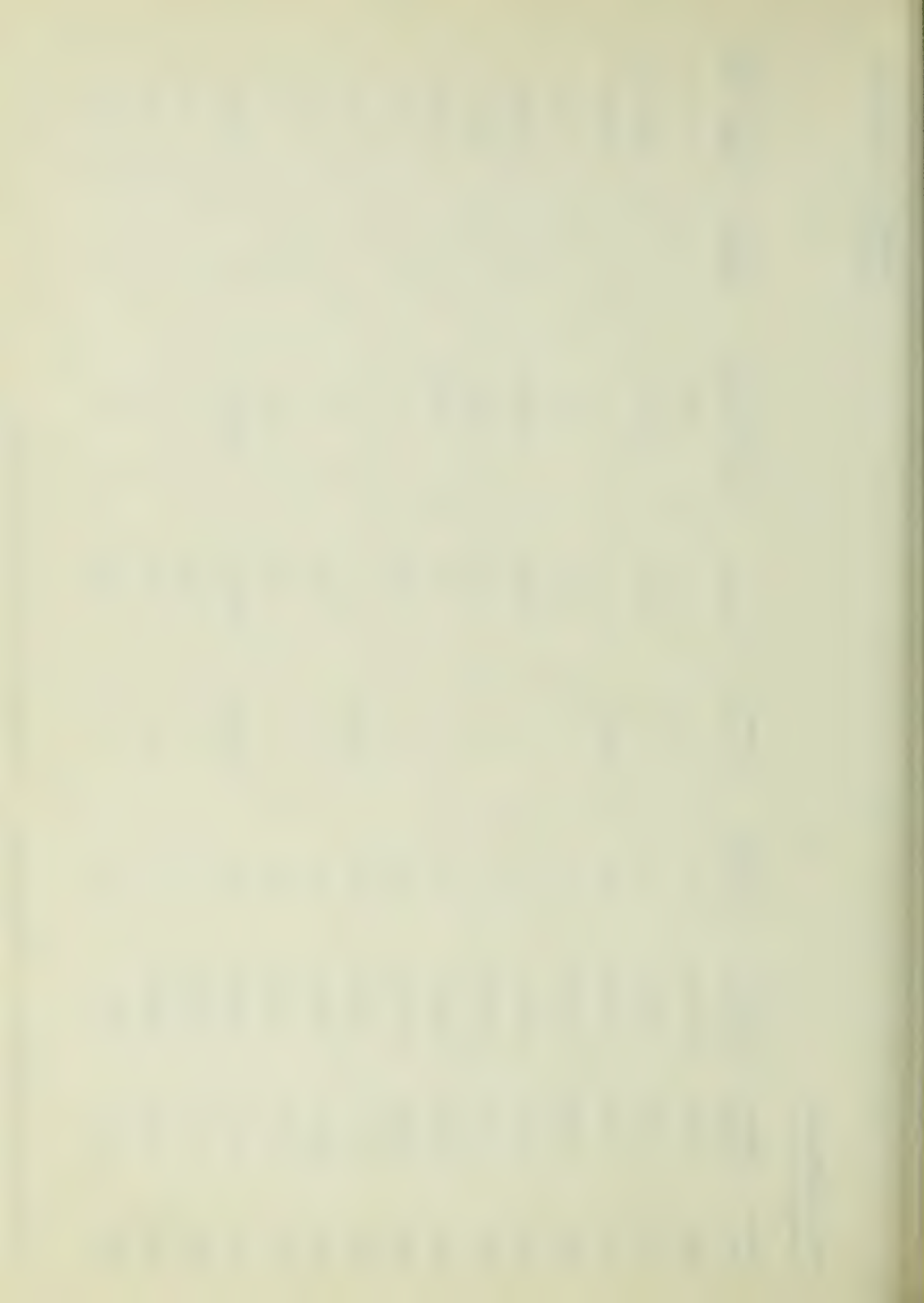
Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
3722	(2)	9-17-57	0	0	8 50	0	0	8 50
TOTAL - LIBRARY: (1 case)			(0)	(0)	(8 50)	(0)	(0)	(8 50)

* Case reported previously. # Case pending. -- Some amount paid in previous report.

Urbana-Champaign
Physical Plant

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
3321	(2)*	12-23-55	0	0	0	700 00	0	700 00
3384	(2)*#	3-28-56	0	0	311 00	1925 00	0	2236 00
3473	(2)*#	8-1-56	115	640 70	0	0	0	640 70
3567	(2)*#	1-21-57	0	0	42 00	0	0	42 00
3568	(12)*	1-21-57	0	0	49 00	799 00	0	848 00
3570	(2)*	1-29-57	0	0	32 50	434 75	0	467 25
3591	(1)*	2-28-57	0	0	0	94 71	0	94 71
3635	(2)*	5-10-57	0	0	8 00	0	0	8 00
3642	(1)	5-28-57	17	57 14	0	0	0	57 14
3665	(12)	6-26-57	0	0	3 35	0	0	3 35
3666	(4)	7-1-57	0	0	80	0	0	80
3677	(2)	7-3-57	37	195 57	422 50	1739 00	0	2357 07
3680	(1)	7-18-57	0	0	8 50	0	0	8 50
3691	(2)	7-26-57	0	0	2 95	0	0	2 95
3696	(5)	7-26-57	0	0	2 50	0	0	2 50

* Case reported previously. # Case pending. -- Some amount paid in previous report.



Urbana-Champaign
Physical Plant (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
3699	(1)	8-16-57	90	546 00	30 00	0	0	576 00
3700	(1)	7-30-57	13	33 43	0	0	0	33 43
3702	(7)	8-13-57	1	0	30 50	0	0	30 50
3704	(1)	8-1-57	0	0	1 80	0	0	1 80
3705	(11)	8-18-57	0	0	16 75	0	0	16 75
3712	(2)#	7-22-57	6	0	67 00	0	0	67 00
3713	(1)	8-28-57	0	0	8 80	0	0	8 80
3718	(2)	9-18-57	7	0	30 00	0	0	30 00
3719	(2)	9-18-57	0	0	15 00	0	0	15 00
3727	(7)	9-10-57	0	0	10 00	0	0	10 00
3729	(3)	10-19-57	6	0	59 50	0	0	59 50
3730	(2)	10-21-57	2	0	22 75	0	0	22 75
3732	(2)	10-4-57	0	0	10 00	0	0	10 00
3733	(2)	9-18-57	0	0	10 00	0	0	10 00
3739	(12)	8-15-57	0	0	5 00	0	0	5 00
3742	(2)	10-18-57	3	0	15 00	0	0	15 00

* Case reported previously. # Case pending. -- Some amount paid in previous report.

Urbana-Champaign
Physical Plant (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
3747	(5)	11-5-57	0	0	10 00	0	0	10 00
3749	(1)	11-19-57	0	0	5 00	0	0	5 00
3752	(1)	11-4-57	0	0	64 00	0	0	64 00
3753	(3)	9-24-57	0	0	9 00	0	0	9 00
3756	(2)	12-2-57	0	0	6 25	0	0	6 25
3757	(9)	12-3-57	53	340 72	374 75	0	0	715 47
3759	(2)	12-5-57	3 1/2	0	21 25	0	0	21 25
3763	(1)	12-15-57	0	0	2 50	0	0	2 50
3767	(2)#	12-18-57	67	402 00	430 95	0	0	832 95
3776	(2)	1-13-58	6	0	21 05	0	0	21 05
3777	(3)	11-29-57	0	0	24 00	0	0	24 00
3782	(2)	4-26-57	0	0	26 00	0	0	26 00
3785	(1)	1-20-58	0	0	4 00	0	0	4 00
3788	(3)	1-10-58	0	0	2 00	0	0	2 00
3790	(1)	1-13-58	0	0	10 00	0	0	10 00
3791	(1)	1-27-58	0	0	3 50	0	0	3 50

* Case reported previously. # Case pending. -- Some amount paid in previous report.

Urbana-Champaign
Physical Plant (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
3799	(5)	2-12-58	0	0	3 35	0	0	3 35
3804	(1)	2-25-58	1	0	28 00	0	0	28 00
3810	(2)	2-26-58	13	36 00	0	0	0	36 00
3811	(2)	3-3-58	3	0	1 75	0	0	1 75
3828	(4)	3-20-58	0	0	2 25	0	0	2 25
3829	(4)	3-28-58	0	0	1 00	0	0	1 00
3834	(2)	4-2-58	5	0	20 80	0	0	20 80
3841	(2)	4-13-58	0	0	8 50	0	0	8 50
3842	(2)#	4-21-58	26	0	22 25	0	0	22 25
3845	(3)	4-18-58	0	0	2 00	0	0	2 00
3846	(5)	4-25-58	9	11 14	52 00	0	0	63 14
3854	(6)	4-30-58	0	0	5 00	0	0	5 00
3860	(7)	5-8-58	0	0	1 60	0	0	1 60
3861	(2)	5-4-58	0	0	30 55	0	0	30 55
3863	(1)	5-11-58	0	0	8 50	0	0	8 50
3864	(11)	5-12&13-58	3	0	2 65	0	0	2 65

* Case reported previously. # Case pending. -- Some amount paid in previous report.

Urbana-Champaign
Physical Plant (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
3867	(1)#	5-21-58	1	0	8 00	0	0	8 00
3870	(1)	5-21-58	0	0	3 00	0	0	3 00
3880	(2)	5-21-58	0	0	13 80	0	0	13 80
3883	(1)	6-2-58	1	0	57 25	0	0	57 25
3890	(2)	6-7-58	0	0	8 50	0	0	8 50
TOTAL - PHYSICAL PLANT:			(488 1/2)	(2262 70)	(2510 20)	(5692 46)	(0)	(10465 36)
			(68 cases)					

* Case reported previously. # Case pending. -- Some amount paid in previous report.

Urbana-Champaign
Physical Plant - Auxiliary Enterprises

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Illini Union								
3670	(2)	6-29-57	0	0	2 50	0	0	2 50
3693	(1)	8-5-57	0	0	2 50	0	0	2 50
3716	(2)	9-10-57	18	61 29	34 10	0	0	95 39
3721	(1)	9-19-57	12	31 43	21 00	0	0	52 43
3735	(1)	10-14-57	3	0	12 00	0	0	12 00
3750	(2)	10-18-57	0	0	1 60	0	0	1 60
3770	(2)	12-31-57	4	0	60 00	0	0	60 00
3843	(1&2)#	4-16-58	59	328 71	961 90	0	0	1290 61
3847	(1)	4-22-58	0	0	19 00	0	0	19 00
3852	(1)	3-15-58	2	0	4 00	0	0	4 00
3862	(9)#	5-10-58	29	161 57	4 00	0	0	165 57
3866	(3)	5-13-58	0	0	1 50	0	0	1 50
3869	(1)	5-17-58	3	0	3 00	0	0	3 00
3879	(1)	5-28-58	0	0	10 00	0	0	10 00
Total - Illini Union:					(14 cases)(130)	(583 00)	(1137 10)	(0)
							(0)	(1720 10)

* Case reported previously. # Case pending. -- Some amount paid in previous report.

Urbana-Champaign
Physical Plant - Auxiliary Enterprises (continued)

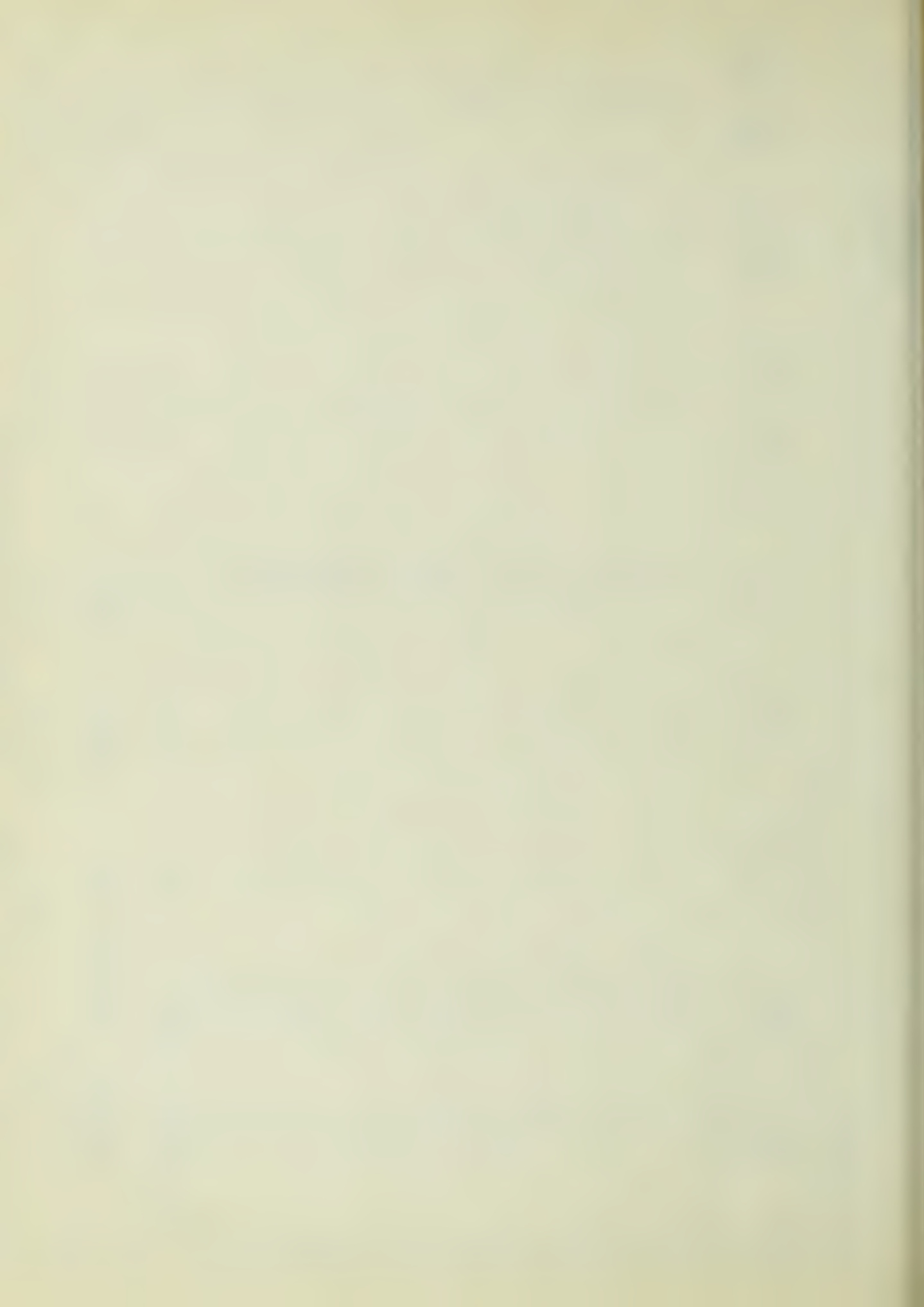
Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Housing Division								
3540	(2)*	12-7-56	0	0	14 00	0	0	14 00
3585	(1)*	2-13-57	7	0	175 95	238 00	0	413 95
3708	(2)	8-22-57	10	18 00	15 00	0	0	33 00
3723	(2)	9-17-57	0	0	58 25	0	0	58 25
3731	(1)	10-14-57	0	0	11 50	0	0	11 50
3734	(2)#	10-11-57	0	0	11 75	0	0	11 75
3741	(2)	11-5-57	8	5 57	10 00	0	0	15 57
3744	(2)	11-12-57	0	0	85	0	0	85
3760	(1)	12-6-57	10	16 26	26 50	0	0	42 76
3765	(1)	12-18-57	0	0	35 00	0	0	35 00
3772	(2)	1-2-58	0	0	48 70	0	0	48 70
3794	(1&2)	2-4-58	0	0	45 50	0	0	45 50
3797	(1)	2-14-58	33	183 86	212 00	0	0	395 86
3806	(1)	2-25-58	5	0	10 00	0	0	10 00
3809	(2)	3-3-58	7	0	15 00	0	0	15 00
3812	(1)	3-9-58	0	0	5 00	0	0	5 00

* Case reported previously. # Case pending. -- Some amount paid in previous report.

Urbana-Champaign
Physical Plant - Auxiliary Enterprises (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Housing Division (continued)								
3814	(3)	3-9-58	0	0	3 00	0	0	3 00
3817	(1)	3-14-58	0	0	2 00	0	0	2 00
3818	(1)	3-15-58	0	0	18 00	0	0	18 00
3819	(6)	3-19-58	0	0	4 95	0	0	4 95
3821	(3)	3-16-58	0	0	2 00	0	0	2 00
3822	(3)	3-16-58	0	0	2 00	0	0	2 00
3827	(1)	3-20-58	0	0	1 00	0	0	1 00
3838	(1)	3-31-58	0	0	7 00	136 50	0	143 50
3844	(1)	3-12-58	0	0	3 90	0	0	3 90
3855	(7)	4-30-58	0	0	2 20	0	0	2 20
3877	(1)	5-7-58	0	0	6 50	0	0	6 50
3884	(1)	4-23-58	0	0	6 50	0	0	6 50
Total - Housing Division: (28 cases)					(80)	(223 69)	(754 05)	(374 50)
TOTAL - Physical Plant - Auxiliary Enterprises: (42 cases)								
					(210)	(806 69)	(1891 15)	(374 50)
TOTAL - PHYSICAL PLANT: (110 cases)								
					(698 1/2)	(3069 39)	(4401 35)	(6066 96)

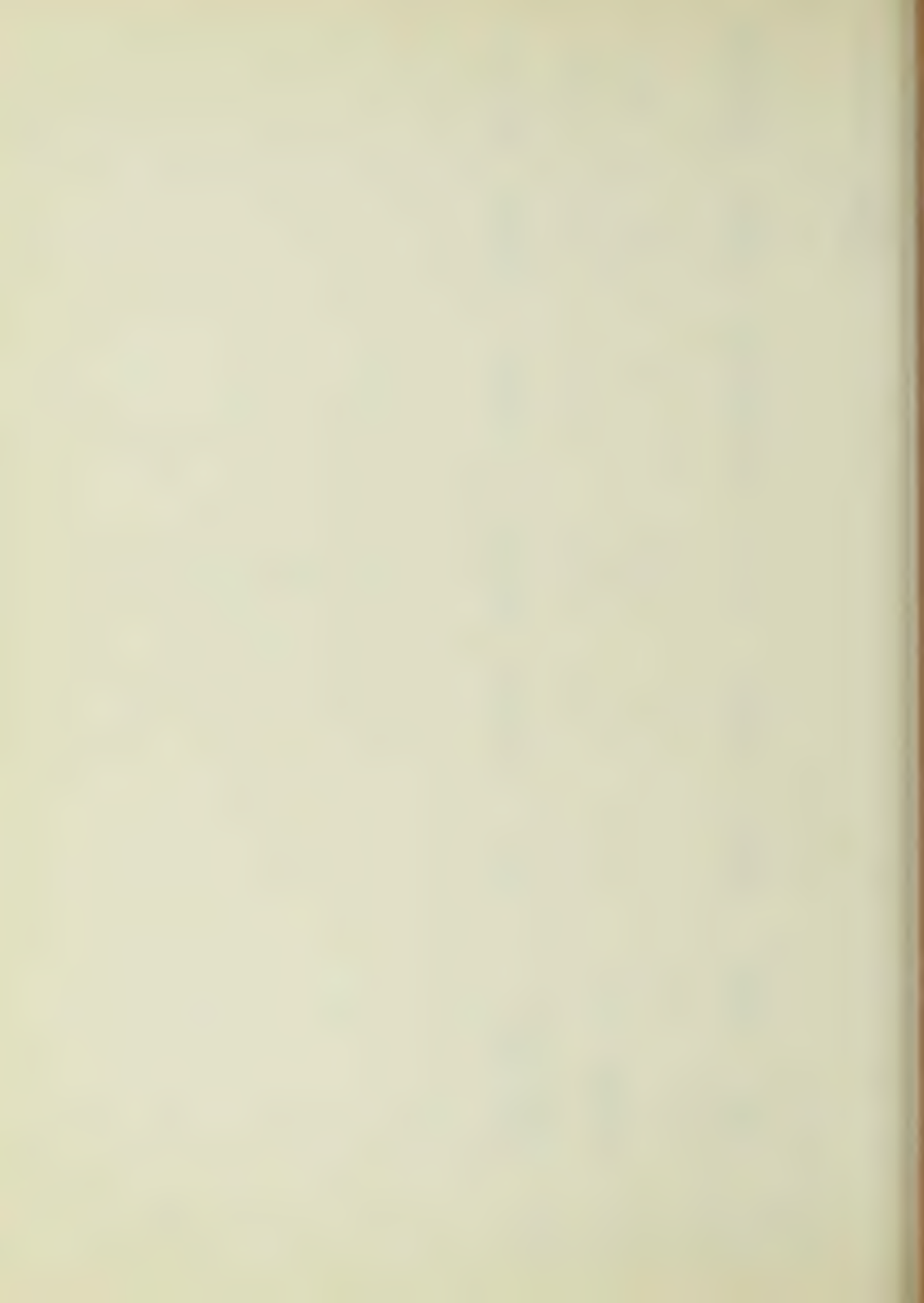
* Case reported previously. # Case pending. -- Some amount paid in previous report.



Urbana-Champaign

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
State Water Survey								
3674	(2)	7-5-57	0	0	26 00	0	0	26 00
TOTAL - STATE WATER SURVEY:								
	(1 case)		(0)	(0)	(26 00)	(0)	(0)	(26 00)
TOTAL - CHAMPAIGN-URBANA								
	(207 cases)		(1162)	(4778 59)	(11014 10)	(15776 12)	(178 81)	(31747 62)

* Case reported previously. # Case pending. -- Some amount paid in previous report.



CHICAGO PROFESSIONAL COLLEGES

Chicago Professional Colleges
Administration and General

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
C-341	(2)	3-11-58	5	0	90	0	0	90
TOTAL - ADMINISTRATION AND GENERAL: (1 case)								
			(5)	(0)	(90)	(0)	(0)	(90)

* Case reported previously. # Case pending. -- Some amount paid in previous report.

Chicago Professional Colleges
College of Medicine

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Biological Chemistry								
C-335	(7)	10-23-57	0	0	5 15	0	0	5 15
Total - Biological Chemistry: (1 case)								
			(0)	(0)	(5 15)	(0)	(0)	(5 15)
TOTAL - COLLEGE OF MEDICINE: (1 case)								
			(0)	(0)	(5 15)	(0)	(0)	(5 15)

* Case reported previously. # Case pending. -- Some amount paid in previous report.

Chicago Professional Colleges
Research and Educational Hospitals

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
T. B. Research								
C-315	(2)	4-26-57	0	0	15 00	370 00	47 30	432 30
Total - T. B. Research: (1 case)								
			(0)	(0)	(15 00)	(370 00)	(47 30)	(432 30)
Nursing								
C-311	(1)#	6-14-57	28	0	46 40	0	0	46 40
C-314	(1)	8-6-57	59	328 71	56 80	234 00	0	619 51
C-317	(1)	10-29-57	27	111 43	0	0	0	111 43
C-321	(2)	11-3-57	15	45 71	0	0	0	45 71
C-328	(1)	11-24-57	0	0	90	0	0	90
C-331	(1)	1-15-58	0	0	90	0	0	90
C-334	(1)	3-5-58	10	14 95	0	0	0	14 95
Total - Nursing: (7 cases)								
			(139)	(500 80)	(105 00)	(234 00)	(0)	(839 80)

* Case reported previously. # Case pending. -- Some amount paid in previous report.

Chicago Professional Colleges
Research and Educational Hospitals (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Phy. Med. & Rehab.								
C-309	(2)*#	4-27-57	51	247 72	105 00	0	0	352 72
Total - Phy. Med. & Rehab.:								
	(1 case)		(51)	(247 72)	(105 00)	(0)	(0)	(352 72)
TOTAL - RESEARCH AND EDUCATIONAL HOSPITALS: (9 cases)								
			(190)	(748 52)	(225 00)	(604 00)	(47 30)	(1624 82)

* Case reported previously. # Case pending. -- Some amount paid in previous report.

Chicago Professional Colleges
Physical Plant

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
C-298	(1)*#	11-7-56	0	0	0	0	174 50	174 50
C-320	(2)	10-30-57	19	68 57	0	0	0	68 57
C-322	(2)	10-18-57	30	167 14	0	0	0	167 14
C-324	(1)	10-11-57	2	0	20 00	924 00	0	944 00
C-326	(1)	2-14-58	49	294 00	0	0	0	294 00
C-329	(2)	12-5-57	2	0	1 75	0	0	1 75
C-330	(3)	1-7-58	2	0	85	0	0	85
C-332	(3)	2-20-58	0	0	2 10	0	0	2 10
C-339	(3)	3-7-58	0	0	3 00	0	0	3 00
C-340	(2)	3-15-58	2	0	1 60	0	0	1 60
C-342	(2)	3-21-58	3	0	1 05	0	0	1 05
C-345	(1)	5-12-58	0	0	56	0	0	56
TOTAL - PHYSICAL PLANT: (12 cases)(109)					(30 91)	(924 00)	(174 50)	(1659 12)

Housing

C-312	(1)	7-29-57	0	0	16	0	0	16
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* Case reported previously. # Case pending. -- Some amount paid in previous report.

Chicago Professional Colleges
Housing (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
C-344	(4)	4-15-58	0	0	2 25	0	0	2 25
TOTAL - HOUSING:	(2 cases)		(0)	(0)	(2 41)	(0)	(0)	(2 41)
Illini Union								
C-274	(1)*	4-4-57	0	0	25 00	0	0	25 00
TOTAL - ILLINI UNION:	(1 case)		(0)	(0)	(25 00)	(0)	(0)	(25 00)
TOTAL - CHICAGO PROFESSIONAL COLLEGES: (26 cases)								
			(304)	(1278 23)	(289 37)	(1528 00)	(221 80)	(3317 40)

* Case reported previously. # Case pending. -- Some amount paid in previous report.

CHICAGO UNDERGRADUATE DIVISION

Chicago Undergraduate Division
Physical Plant

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
C-219	(1)*	9-17-54	0	0	56 70	0	0	56 70
C-304	(2)*#	1-11-57	0	0	105 00	0	0	105 00
C-306	(2)*	2-22-57	0	0	60 00	680 00	0	740 00
C-310	(5)	8-16-57	0	0	6 00	0	0	6 00
C-316	(1)	10-4-57	0	0	35 00	0	0	35 00
C-325	(2)	1-29-58	25	72 43	73 00	0	0	145 43
C-327	(2)	1-21-58	4	0	10 00	0	0	10 00
C-343	(1)	5-9-58	13	33 43	0	0	0	33 43
TOTAL - PHYSICAL PLANT: (8 cases)					(105 86)	(680 00)	(0)	(1131 56)

* Case reported previously. # Case pending. -- Some amount paid in previous report.

Chicago Undergraduate Division
Illini Union

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
C-308	(2)*#	4-5-57	0	0	10 00	0	65 75	75 75
C-333	(1)#	4-2-58	6	0	30 00	0	0	30 00
TOTAL - ILLINI UNION:	(2 cases)		(6)	(0)	(40 00)	(0)	(65 75)	(105 75)
TOTAL - CHICAGO UNDERGRADUATE DIVISION:	(10 cases)		(48)	(105 86)	(285 70)	(680 00)	(65 75)	(1237 31)

* Case reported previously. # Case pending. -- Some amount paid in previous report.

DIVISION OF SERVICES FOR CRIPPLED CHILDREN

Division of Services for Crippled Children

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
3724	(8)#	9-19-57	0	0	116 50	0	0	116 50
3787	(2)#	1-13-58	45	250 71	139 50	0	0	390 21
TOTAL - DIVISION OF SERVICES FOR CRIPPLED CHILDREN: (2 cases)								
			(45)	(250 71)	(256 00)	(0)	(0)	(506 71)

* Case reported previously. # Case pending. -- Some amount paid in previous report.

TOTALS

	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
TOTAL - URBANA-CHAMPAIGN: (207 cases)	(1162)	(4778 59)	(11014 10)	(15776 12)	(178 81)	(31747 62)
TOTAL - CHICAGO PROFESSIONAL COLLEGES: (26 cases)	(304)	(1278 23)	(289 37)	(1528 00)	(221 80)	(3317 40)
TOTAL - CHICAGO UNDERGRADUATE DIVISION: (10 cases)	(48)	(105 86)	(385 70)	(680 00)	(65 75)	(1237 31)
TOTAL - DIVISION OF SERVICES FOR CRIPPLED CHILDREN: (2 cases)	(45)	(250 71)	(256 00)	(0)	(0)	(506 71)
GRAND TOTAL: (245 cases)	(1559)	(6413 39)	(11945 17)	(17984 12)	(466 36)	(36809 04)

* Case reported previously. # Case pending. -- Some amount paid in previous report.

SCHEDULE 2

COMMON LAW CLAIMS (PERSONAL INJURY)

Three claims of this nature were considered and acted upon by the Committee on Accident Compensation. Two were disposed of by settlement and the third was disposed of by payment of medical bills, at a total cost to the University of \$2052.50.

Five other accidents involving personal injuries were investigated. No claim was asserted in three of such instances, and the two claims asserted were denied.

In acting upon such claims the Committee on Accident Compensation is necessarily governed by the applicable principles of the Illinois Law under which the University is not liable to the claimants unless their injuries were proximately caused by negligence upon the part of the University or one of its agents or employees and unless, even if the University was negligent in the premises, the claimant was free from negligence on his part which contributed to his injuries.

SCHEDULE 3

CASES WHERE PAYMENTS OF HOSPITAL OR MEDICAL
STATEMENTS WERE MADE ON THE BASIS OF REFERRAL

Urbana-Champaign
Cases Where Payments of Hospital or Medical Statements Were Made on the Basis of Referral

Claim No.	Injury	Date of Accident	Department	Amount Paid on The Basis of Referral
3587	(11) #	1-21-57	Physical Plant	4 30
3633	(1)	5-3-57	Housing	25 74
3654	(12)	Unknown	Physics	50 35
3655	(12)	Unknown	Physics	5 50
3669	(5)	4-10-57	Physical Plant	10 00
3679	(2)	5-31-57	Electrical Engineering	26 50
3688	(2)	7-25-57	Housing	15 00
3692	(6)	7 - 57	Illini Union	10 00
3701	(2)	3-21-57	Housing	47 00
3754	(3)	11-19-57	Physical Plant	7 00
3773	(2&12)	1-9-58	Physical Plant	15 00
3780	(2)	12-23-57	Allerton Park	10 00
3850	(2)	Unknown	T.V. & Motion Pictures	15 00
3851	(2)	4-28-58	Dixon Springs Exp. Station	21 70
3874	(2)	Unknown	T.V. & Motion Pictures	23 00

TOTAL - URBANA-
CHAMPAIGN: (15 cases) (286 09)

* Case reported previously. # Case pending. -- Some amount paid in previous report.

Division of Services for Crippled Children
Cases Where Payments of Hospital or Medical Statements Were Made on the Basis of Referral

Claim No.	Injury	Date of Accident	Department	Amount Paid on The Basis of Referral
3501	(2)	8-6-56	Division of Services for Crippled Children	6 00
TOTAL - DIVISION OF SERVICES FOR CRIPPLED CHILDREN: (1 case)				(6 00)
GRAND TOTAL - Cases Where Payments of Hospital or Medical Statements Were Made on the Basis of Referral: (16 cases)				(292 09)

* Case reported previously. # Case pending. -- Some amount paid in previous report.

SCHEDULE 4

ANALYSIS OF COMPENSABLE CASES

Analysis of Compensable Cases*
Number of Cases

INJURY	1954 - 55	1955 - 56	1956 - 57	1957 - 58
1. Cuts and Bruises	67	80	101	94
2. Strains, sprains and fractures	88	96	101	95
3. Burns and infections	22	24	12	17
4. Punctures	9	8	16	9
5. Particle in eye	21	13	15	10
6. Splinters	3	4	4	3
7. Inhaling toxic fumes	1	2	0	5
8. Automobile Accidents	1	0	0	1
9. Hernia	5	12	6	2
10. Diagnostic x-ray	0	0	0	1
11. Allergies	4	7	6	2
12. Other	18	6	25	6
TOTAL:	(239)	(252)	(286)	(245)

* Includes all cases listed in Schedule 1.

SCHEDULE 5

COMPARATIVE SUMMARY OF ACCIDENT CASES
BY DEPARTMENT, NUMBER, AND TOTAL COST

Urbana-Champaign
Comparative Summary of Accident Cases by Department, Number, and Total Cost

College or Department	No. of Cases	1956-1957 Work. Comp. or O.D. Cost	Total Cost*	No. of Cases	1957-1958 Work. Comp. or O.D. Cost	Total Cost*
Administration & General	10	1,243.43	1,500.63	4	133.61	185.11
Liberal Arts & Sciences	14	1,246.85	1,328.85	6	130.50	244.35
Agriculture	50	8,881.27	10,341.37	37	13,632.22	14,901.29
Engineering	33	1,406.15	1,503.62	21	3,401.18	3,874.29
Graduate College	0	0	0	1	20.00	20.00
Education	4	991.20	991.20	2	291.60	291.60
Fine & Applied Arts	1	49.90	49.90	1	144.36	144.36
Physical Education	0	0	0	3	89.50	135.10
Veterinary Medicine	4	123.75	161.58	4	140.50	140.50
Communications	7	56.39	173.19	4	42.80	42.80
University Extension	9	2,253.98	2,394.39	9	103.25	103.25
Institute of Aviation	3	19.25	19.25	3	45.80	261.40
Library	0	0	0	1	8.50	8.50
Physical Plant	71	20,078.48	21,716.10	68	10,465.36	14,633.89
Illini Union	17	1,445.73	1,964.93	14	1,720.10	2,190.07
Housing Division	19	3,443.79	3,908.12	28	1,352.24	1,893.38

Urbana-Champaign

Comparative Summary of Accident Cases by Department, Number, and Total Cost

College or Department	No. of Cases	1956-1957 Work. Comp. or O.D. Cost	Total Cost*	No. of Cases	1957-1958 Work. Comp. or O.D. Cost	Total Cost*
Police	1	8.50	8.50	0	0	0
TOTAL - URBANA-CHAMPAIGN:	(245)	(41,320.17)	(46,133.44)	(207)	(31,747.62)	(39,095.99)

* To be consistent with previous reports, total cost means University Benefits plus the cost of benefits under the Workmen's Compensation or O.D. Acts.

Chicago Professional Colleges

Comparative Summary of Accident Cases by Department, Number, and Total Cost

College or Department	No. of Cases	1956-1957 Work. Comp. or O.D. Cost	Total Cost*	No. of Cases	1957-1958 Work. Comp. or O.D. Cost	Total Cost*
Administration & General	2	55.45	55.45	1	.90	39.90
College of Medicine	2	.60	17.64	1	5.15	5.15
R & E Hospitals	9	603.47	993.95	9	1,624.82	1,809.83
Physical Plant	11	3,516.95	4,436.97	12	1,659.12	2,479.47
Housing	0	0	0	2	2.41	2.41
Illini Union	0	0	0	1	25.00	25.00
TOTAL - CHICAGO PROFESSIONAL COLLEGES:	(24)	(4,176.47)	(5,504.01)	(26)	(3,317.40)	(4,361.76)

* To be consistent with previous reports, total cost means University Benefits plus the cost of benefits under Workmen's Compensation or O.D. Acts.

Chicago Undergraduate Division
Comparative Summary of Accident Cases by Department, Number, and Total Cost

College or Department	No. of Cases	1956-1957 Work. Comp. or O.D. Cost	Total Cost*	No. of Cases	1957-1958 Work. Comp. or O.D. Cost	Total Cost*
Health Service	1	449.50	449.50	0	0	0
Engineering	1	18.85	18.85	0	0	0
Physical Education	3	1,546.50	1,746.32	0	0	0
Physical Plant	10	491.34	682.13	8	1,131.56	1,401.17
Illini Union	2	1,258.50	1,258.50	2	105.75	146.85
TOTAL - CHICAGO UNDERGRADUATE DIVISION:	(17)	(3,764.69)	(4,155.30)	(10)	(1,237.31)	(1,548.02)
DIVISION OF SERVICES FOR CRIPPLED CHILDREN:	0	0	0	2	506.71	990.27
GRAND TOTAL:	(286)	(49,261.33)	(55,792.75)	(245)	(36,809.04)	(45,996.04)

* To be consistent with previous reports, total cost means University Benefits plus the cost of benefits under Workmen's Compensation or O.D. Acts.

SCHEDULE 6

CASES CONSIDERED BY THE INDUSTRIAL COMMISSION OF ILLINOIS
AND DISPOSITION THEREOF

SCHEDULE 6

CASES CONSIDERED BY THE INDUSTRIAL COMMISSION OF ILLINOIS
AND DISPOSITION THEREOF

AGREED SETTLEMENTS APPROVED BY THE
INDUSTRIAL COMMISSION OF ILLINOIS

Agreed Settlements Approved by the Industrial Commission of Illinois

Case No.	Type of Injury	Date of Accident	Basis of Settlement	Amount of Settlement
3321	(2)	12-23-55	Basis of 10% of the right leg	700 00
3384	(2)	3-28-56	Basis of 27 1/2% loss of use of right lower extremity	1,925 00
3568	(1)	1-21-57	Basis of 10% loss of use of right arm	799 00
3570	(2)	1-29-57	Basis of 5% loss of use of right arm	434 75
3585	(1&2)	2-13-57	Basis of 20% loss of use of left middle finger	238 00
3619	(2)	3-23-57	Basis of 5% loss of use of left lower extremity	340 00
3668	(2)	7-5-57	Basis of 80% loss of use of right hand	5,100 00
3677	(2)	7-3-57	Basis of 20% loss of use of right upper extremity	1,739 00
3682	(2)	7-19-57	Basis of 50% loss of right fifth finger	360 00
C-306	(2)	2-22-57	Basis of 10% loss of use of right lower extremity	680 00
C-314	(1)	8-6-57	Basis of 15% loss of use of left index finger	234 00
C-324	(1)	10-11-57	Basis of 30% loss of use of left thumb	924 00
TOTAL - Agreed Settlements Approved by The Industrial Commission of Illinois (12 cases)				(13,473 75)

DISPOSITION OF DISPUTED CLAIMS CONSIDERED
BY THE INDUSTRIAL COMMISSION OF ILLINOIS

Disposition of Disputed Claims Considered by the
Industrial Commission of Illinois

Case No.	Type of Injury	Date of Accident	Basis of Award	Amount of Award
3317	(2)	12-3-55	Industrial Commission denial of the claim affirmed by the Circuit Court	0
3782	(2)	4-26-57	Case dismissed before the Industrial Commission	0
C-219	(12)	9-17-54	No additional compensation due	0
C-274	(1)	4-4-46	Case dismissed before the Industrial Commission	0
C-315	(2)	4-26-57	Basis of 40% loss of use of right ring finger	370 00
TOTAL - Disposition of Disputed Claims Considered by the Industrial Commission of Illinois				(370 00)
GRAND TOTAL -				(13843 75)

SCHEDULE 7

RELATION OF INJURY COSTS TO TOTAL ANNUAL PAYROLL

Relation of Injury Costs to Total Annual Payroll

Year	Total Annual Payroll	Amount paid by University on Injuries to Employees	Work. Comp. or O.D. Cost	Percent of Injury Costs to Total Payroll	Percent of Work. Comp. or O.D. Costs to Total Payroll
1944 - 45	8 109 186	16 222		0.2000%	
1945 - 46	8 895 000	5 731		0.0640%	
1946 - 47	17 311 112	14 707		0.0850%	
1947 - 48	23 323 264	13 398		0.0570%	
1948 - 49	25 438 883	19 327		0.0760%	
1949 - 50	29 134 839	26 517		0.0909%	
1950 - 51	30 470 619	17 208		0.0565%	
1951 - 52	31 801 212	33 989		0.1068%	
1952 - 53	35 969 804	29 373		0.0816%	
1953 - 54	37 855 681	49 694*	38 712	0.1313%	0.1022
1954 - 55	39 303 520	38 400*	28 943	0.0977%	0.0736
1955 - 56	43 756 102	55 682*	42 581	0.127%	0.0973
1956 - 57	46 117 802	57 467*	49 261	0.1246%	0.1068
1957 - 58	49 943 732	48 499*	36 809	0.0971%	0.0737

* To be consistent with previous reports, total cost means University Benefits plus the cost of benefits under the Illinois Workmen's Compensation or O.D. Acts.

University of Illinois
ACCIDENT CASES CONSIDERED BY
THE COMMITTEE ON ACCIDENT COMPENSATION

THE COMMITTEE ON ACCIDENT COMPENSATION

Professor R. F. Lesemann, Chairman

Professor G. T. Frampton

Director Donald E. Dickason

Mr. C. C. DeLong

Mr. Max N. Pike, Secretary

Dr. M. D. Kinzie
Associate Director of Health Services-Advisor

Mr. John Morris-Advisor

Professor G. W. Harper-Advisor

Mr. Donald Storm-Advisor

SUB-COMMITTEE

Dr. M. D. Kinzie-Advisor

Professor G. W. Harper

Mr. R. E. Hartz

Mr. Donald Storm

Mr. G. McGregor

Mr. John Morris

Mr. Max N. Pike, Secretary

1958 - 1959

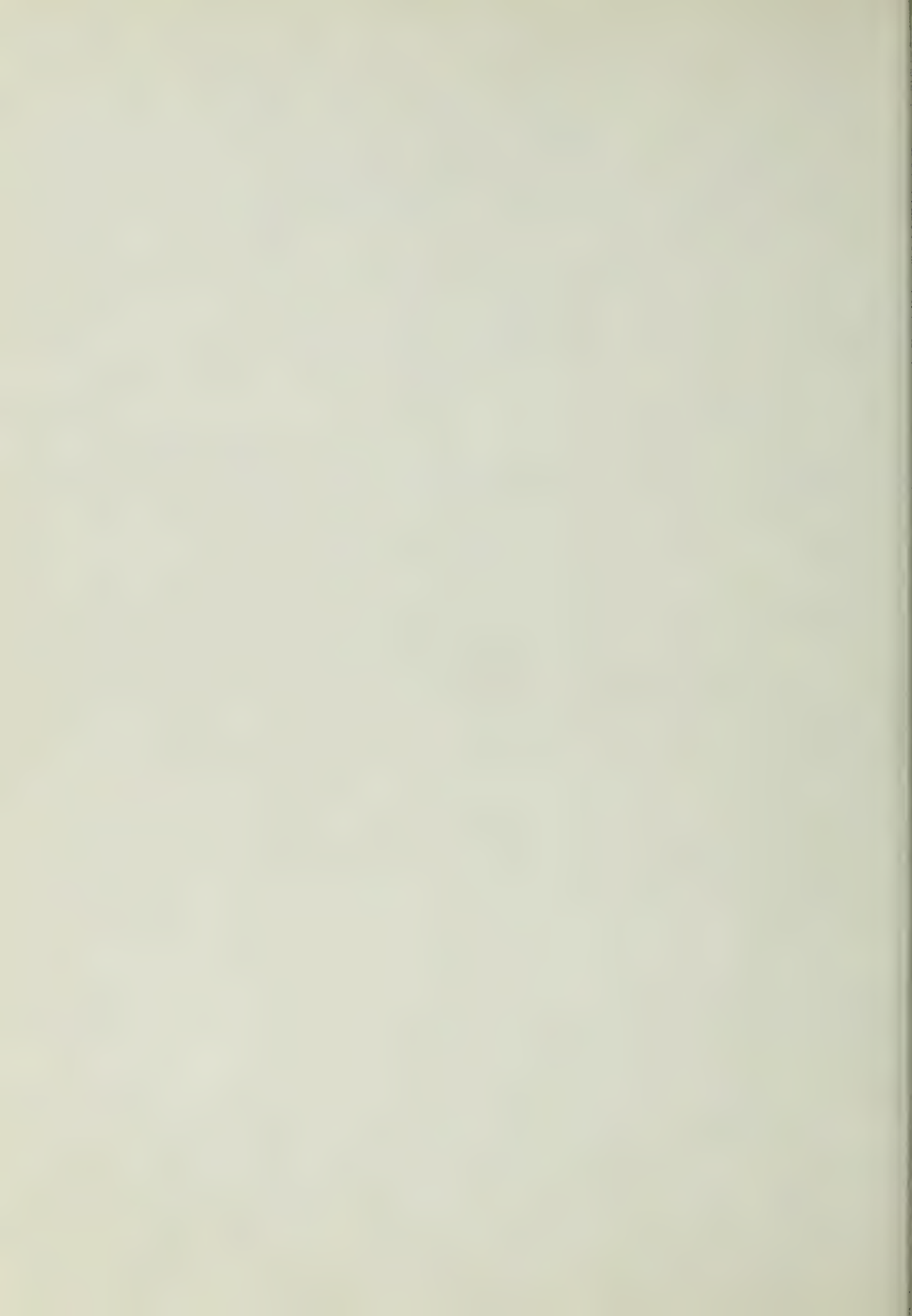


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- Schedule 4 - Analysis of compensable cases.
- Schedule 5 - Comparative summary of accident cases by department, number and total cost.
- Schedule 6 - Cases considered by the Industrial Commission of Illinois and disposition thereof.
- Schedule 7 - Summary in relation to payroll.

¹The amounts are the payments made in the period of July 1, 1958 through June 30, 1959.

Comp. Time Lost indicates the amount paid for time lost under the provisions of the Illinois Workmen's Compensation Act, or the Illinois Occupational Diseases Act.

Medical indicates the amount paid for medical treatment under the provisions of the before-mentioned Acts.

P. Disab. Final Settlement indicates the amount paid in settlement of the case under the provisions of the before-mentioned Acts.

O.D. or Work Comp. Costs indicates the total amount paid under the provisions of the before-mentioned Acts.

* Indicates the case has been reported in the previous year or years.

Indicates the case is still pending.

Report prepared by Max N. Pike
Supervisor of Accident Compensation
and Alfreda Mitchell, Clerk-Steno II

SCHEDULE 1

ACCIDENT CASES CONSIDERED BY THE COMMITTEE ON ACCIDENT

COMPENSATION JULY 1, 1958 THROUGH JUNE 30, 1959

CHAMPAIGN-URBANA

UNIVERSITY OF ILLINOIS COMMITTEE ON ACCIDENT COMPENSATION
July 1, 1958 to June 30, 1959Champaign-Urbana
Administration and General

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost.
Admissions and Records								
3998	(4)	10-21-58	0	0	1 35	0	0	1 35
Total - Admissions and Records: (1 case)								
			(0)	(0)	(1 35)	(0)	(0)	(1 35)
Dean of Women								
4143	(2)#	5-1-59	0	0	17 75	0	0	17 75
Total - Dean of Women: (1 case)								
			(0)	(0)	(17 75)	(0)	(0)	(17 75)
Nonacademic Personnel								
4076	(2)	2-11-59	0	0	12 00	0	0	12 00
Total - Nonacademic Personnel: (1 case)								
			(0)	(0)	(12 00)	(0)	(0)	(12 00)
Business Office								
3948	(2)	9-2-58	4	0	4 50	0	0	4 50
4071	(2)	1-20-59	2 1/2	0	18 00	0	0	18 00

* Case reported previously. # Case pending.

Champaign-Urbana
Administration and General (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost.
4141	(2)	4-20-59	0	0	7 00	0	0	7 00
Total - Business Office: (3 cases)								
			(6 1/2)	(0)	(29 50)	(0)	(0)	(29 50)
McKinley Hospital Operations								
4080	(5)	2-20-59	0	0	31 50	0	0	31 50
4173	(2)#	6-11-59	0	0	3 75	0	0	3 75
Total - McKinley Hospital Operations: (2 cases)								
			(0)	(0)	(35 25)	(0)	(0)	(35 25)
TOTAL - ADMINISTRATION AND GENERAL: (8 cases)								
			(6 1/2)	(0)	(95 85)	(0)	(0)	(95 85)

* Case reported previously. # Case pending.

Champaign-Urbana
Liberal Arts and Sciences

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Chemistry and Chemical Engineering								
4110	(1)#	3-19-59	0	0	6 50	0	0	6 50
4117	(3)	3-28-59	0	0	3 40	0	0	3 40
Total - Chemistry and Chemical Engineering: (2 cases)			(0)	(0)	(9 90)	(0)	(0)	(9 90)
German								
3986	(1&2)	10-28-58	0	0	5 00	0	0	5 00
Total - German: (1 case)			(0)	(0)	(5 00)	(0)	(0)	(5 00)
Psychology								
3849	(1)	4-28-58	0	0	2 00	0	0	2 00
3953	(5)	9-12-58	0	0	19 50	0	0	19 50
4049	(2)	1-25-59	0	0	17 00	0	0	17 00
Total - Psychology: (3 cases)			(0)	(0)	(38 50)	(0)	(0)	(38 50)
Sociology and Anthropology								
3830	(12)	1-24-58	0	0	228 29	0	271 71	500 00
3831	(12)	1-29-58	0	0	218 32	0	0	218 32

* Case reported previously. # Case pending.

Champaign-Urbana
Liberal Arts and Sciences (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Total - Sociology and Anthropology: (2 cases)								
			(0)	(0)	(446 61)	(0)	(271 71)	(718 32)
Zoology								
4073	(3)	2-10-59	0	0	1 50	0	0	1 50
Total - Zoology: (1 case)								
			(0)	(0)	(1 50)	(0)	(0)	(1 50)
TOTAL - LIBERAL ARTS AND SCIENCES: (9 cases)								
			(0)	(0)	(501 51)	(0)	(271 71)	(773 22)

* Case reported previously. # Case pending.

Champaign-Urbana
Agriculture

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Dixon Springs Experiment Station								
3428	(2)*#	6-20-56	0	0	0	(I) 1772 83	0	1772 83
3601	(12)*	2-21-57	0	0	62 00	0	0	62 00
3622	(2)*	4-1-57	0	0	0	799 00	0	799 00
3793	(2)*	1-20-58	0	0	35 00	0	0	35 00
3873	(2)*	5-6-58	0	0	2 50	0	0	2 50
3901	(5)	6-19-58	0	0	10 00	0	0	10 00
4017	(1)	12-12-58	9	11 14	32 75	0	0	43 89
4037	(1)	1-9-59	7	0	43 00	0	0	43 00
4063	(5)	1-29-59	3 1/2	0	28 30	0	0	28 30
4084	(3)	2-23-59	6	0	46 55	0	0	46 55
Total - Dixon Springs Experiment Station: (10 cases)								
				(11 14)	(260 10)	(2571 83)	(0)	(2843 07)

Agricultural Extension

3911	(2)	6-27-58	0	0	2 50	0	0	2 50
3915	(2)	6-9-58	0	0	4 00	0	0	4 00

*Case reported previously. # Case pending. (I) Installment Payments made during fiscal year on Final Settlement.

Champaign-Urbana
Agriculture (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Agricultural Extension (continued)								
4036	(1)	12-31-58	0	0	10 00	0	0	10 00
4112	(2)	3-11-59	0	0	6 00	0	0	6 00
Total - Agricultural Extension:			(0)	(0)	(22 50)	(0)	(0)	(22 50)
(4 cases)								
Agricultural Economics								
3746	(1)*#	11-7-57	0	0	0	(I) 147 00	0	147 00
Total - Agricultural Economics:			(0)	(0)	(0)	(147 00)	(0)	(147 00)
(1 case)								
Agricultural Engineering								
4058	(6)	1-27-59	0	0	15 00	0	0	15 00
Total - Agricultural Engineering:			(0)	(0)	(15 00)	(0)	(0)	(15 00)
(1 case)								
Agronomy								
3962	(3)#	9-8-58	0	0	26 00	0	0	26 00
3970	(11)	10-7-58	0	0	113 64	0	0	113 64
Total - Agronomy: (2 cases)			(0)	(0)	(139 64)	(0)	(0)	(139 64)

* Case reported previously. # Case pending. (I) Installment Payments made during fiscal year on Final Settlement.

Champaign-Urbana
Agriculture (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Animal Science								
3755	(2)*	12-4-57	0	0	749 15	780 00	0	1529 15
3876	(1)*	6-2-58	0	0	125 00	0	0	125 00
3906	(12)	6-20-58	4	0	23 00	0	0	23 00
3967	(2)	9-22-58	0	0	8 55	0	0	8 55
4020	(4)	12-6-58	0	0	1 50	0	0	1 50
4044	(2)#	1-19-59	28	156 00	852 80	0	0	1008 80
4051	(2)	1-15-59	4	0	12 00	0	0	12 00
4056	(1)	1-19-59	2	0	10 00	0	0	10 00
4064	(1&3)	2-3-59	0	0	33 00	0	0	33 00
4074	(1)	2-9-59	0	0	7 00	0	0	7 00
4106	(2)	3-18-59	1	0	23 65	0	0	23 65
4109	(1)	3-24-59	0	0	5 00	0	0	5 00
4138	(1)#	5-5-59	7	0	95 75	0	0	95 75
4140	(2)	4-14-59	0	0	15 00	0	0	15 00
4170	(2)#	6-16-59	7	0	28 80	0	0	28 80
Total - Animal Science: (15 cases)						(780 00)	(0)	(2926 20)

* Case reported previously. # Case pending.

Champaign-Urbana
Agriculture (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Dairy Science								
3881	(1)	11-1-57	0	0	15 00	0	0	15 00
3899	(3)	6-21-58	1	0	19 00	0	0	19 00
3902	(5)	6-18-58	1	0	22 95	0	0	22 95
3958	(1)	9-6-58	0	0	10 00	0	0	10 00
4045	(1)	1-12-59	0	0	7 00	0	0	7 00
4085	(1)	1-27-59	0	0	4 00	0	0	4 00
4087	(1)#	2-22-59	0	0	3 50	0	0	3 50
4097	(3)	2-6-59	0	0	2 00	0	0	2 00
4103	(2)#	2-7-59	0	0	45 00	0	0	45 00
4149	(1)	5-12-59	1	0	25 00	0	0	25 00
Total - Dairy Science: (10 cases)(3)					(153 45)	(0)	(0)	(153 45)
Food Technology								
3904	(3)	6-24-58	7	0	79 00	0	0	79 00
3914	(1)	7-13-58	0	0	5 00	0	0	5 00
3936	(2)	8-20-58	0	0	89 00	146 25	0	235 25
4012	(5)	12-5-58	0	0	10 30	0	0	10 30

* Case reported previously. # Case pending.

Champaign-Urbana
Agriculture (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Food Technology (continued)								
Total - Food Technology: (4 cases)			(7)	(0)	(183 30)	(146 25)	(0)	(329 55)
Forestry								
4062	(5)	1-28-59	0	0	5 00	0	0	5 00
4129	(1)	4-7-59	5	0	25 00	0	0	25 00
Total - Forestry: (2 cases)			(5)	(0)	(30 00)	(0)	(0)	(30 00)
Home Economics								
3996	(2)#	11-20-58	0	0	97 85	0	0	97 85
Total - Home Economics: (1 case)			(0)	(0)	(97 85)	(0)	(0)	(97 85)
Horticulture								
3528	(5)*#	10-27-56	0	0	0	(I) 1772 83	0	1772 83
3808	(2)#	2-4-58	98	588 00	239 00	0	0	827 00
3905	(1)	6-25-58	5 1/2	0	49 50	800 00	0	849 50
4048	(1)	11-5-58	0	0	56 00	0	0	56 00
4107	(1)	3-14-59	0	0	2 00	0	0	2 00

* Case reported previously. # Case pending. (I) Installment Payments made during fiscal year on Final Settlement.

Champaign-Urbana
Agriculture (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Horticulture (continued)								
4131	(1)	4-15-59	0	0	22 00	0	0	22 00
4148	(12)	5-12-59	0	0	63 50	0	0	63 50
Total - Horticulture: (7 cases)			(103 1/2)	(588 00)	(432 00)	(2572 83)	(0)	(3592 83)
Plant Pathology								
3882	(1)	5-30-58	0	0	4 00	0	0	4 00
Total - Plant Pathology: (1 case)			(0)	(0)	(4 00)	(0)	(0)	(4 00)
Robert Allerton Park								
3900	(1)	6-18-58	1	0	32 00	0	0	32 00
4024	(1)	12-16-58	0	0	40 00	0	0	40 00
Total - Robert Allerton Park: (2 cases)			(1)	(0)	(72 00)	(0)	(0)	(72 00)
TOTAL - AGRICULTURE: (60 cases)			(198)	(755 14)	(3400 04)	(6217 91)	(0)	(10373 09)

* Case reported previously. # Case pending.

Champaign-Urbana
Engineering

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Aeronautical Engineering								
3941	(1)	8-27-58	0	0	10 00	0	0	10 00
Total - Aeronautical Engineering: (1 case)								
			(0)	(0)	(10 00)	(0)	(0)	(10 00)
Chemical Engineering								
3924	(2)	7-14-58	0	0	20 00	0	0	20 00
3945	(4)	8-23-58	0	0	2 50	0	0	2 50
Total - Chemical Engineering: (2 cases)								
			(0)	(0)	(22 50)	(0)	(0)	(22 50)
Civil Engineering								
3922	(5)	7-25-58	0	0	22 50	0	0	22 50
4184	(2)	6-12-59	7	0	1 75	0	0	1 75
Total - Civil Engineering: (2 cases)								
			(7)	(0)	(24 25)	(0)	(0)	(24 25)
Electrical Engineering								
3927	(1)	7-28-58	0	0	2 00	0	0	2 00

* Case reported previously. # Case pending.

Champaign-Urbana
Engineering

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Electrical Engineering (continued)								
3942	(8)	8-15-58	0	0	10 00	0	0	10 00
3966	(4)	9-22-58	6	0	2 00	0	0	2 00
3972	(1)	10-9-58	0	0	2 35	0	0	2 35
4008	(2)	10-15-58	0	0	40 00	0	0	40 00
Total - Electrical Engineering:				(6)	(56 35)	(0)	(0)	(56 35)
(5 cases)								
Mechanical Engineering								
3929	(1)	8-4-58	0	0	34 45	0	0	34 45
4040	(1)	2-20-58	0	0	0	440 00	0	440 00
Total - Mechanical Engineering:				(0)	(34 45)	(440 00)	(0)	(474 45)
(2 cases)								
Mining and Metallurgical Engineering								
4086	(2)	2-2-59	0	0	21 00	0	0	21 00
Total - Mining and Metallurgical Engineering:				(0)	(21 00)	(0)	(0)	(21 00)
(1 case)								

* Case reported previously. # Case pending.

Champaign-Urbana
Engineering (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Physics								
2059	(5)*#	42 - 45	0	0	215 23	0	0	215 23
2437	(5)*#	42 - 45	0	0	886 75	0	0	886 75
3949	(5)	9-5-58	0	0	22 00	0	0	22 00
4042	(2)	1-2-59	2 1/2	0	16 40	0	0	16 40
4182	(1)#	6-8-59	0	0	1 25	0	0	1 25
Total - Physics: (5 cases)					(2 1/2)	(0)	(0)	(1141 63)
Theoretical and Applied Mechanics								
3928	(1)	7-29-58	0	0	18 50	0	0	18 50
4159	(1)	5-16-59	0	0	3 00	0	0	3 00
Total - Theoretical and Applied Mechanics: (2 cases)					(0)	(0)	(0)	(21 50)
TOTAL - ENGINEERING: (20 cases)					(15 1/2)	(0)	(0)	(1771 68)

Champaign-Urbana
Graduate College

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Digital Computer Laboratory								
3947	(2)	9-15-58	2	0	21 50	0	0	21 50
Total - Digital Computer Laboratory: (1 case)								
			(2)	(0)	(21 50)	(0)	(0)	(21 50)
Radiocarbon Laboratory								
3965	(3)	9-25-58	0	0	1 50	0	0	1 50
Total - Radiocarbon Laboratory: (1 case)								
			(0)	(0)	(1 50)	(0)	(0)	(1 50)
TOTAL - GRADUATE COLLEGE: (2 cases)(2)								
				(0)	(23 00)	(0)	(0)	(23 00)

* Case reported previously. # Case pending.

Champaign-Urbana
Education

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Guidance								
4115	(1) #	3-21-59	0	0	18 00	0	0	18 00
Total - Guidance:		(1 case)	(0)	(0)	(18 00)	(0)	(0)	(18 00)
Institute for Research on Exceptional Children								
3576	(1) *	1-29-57	0	0	0	869 50	0	869 50
4050	(1)	1-26-59	2	0	49 00	0	0	49 00
Total - Institute for Research on Exceptional Children:		(2 cases)	(2)	(0)	(49 00)	(869 50)	(0)	(918 50)
Office of Teacher Placement								
4105	(1)	3-11-59	0	0	5 00	0	0	5 00
Total - Office of Teacher Placement:		(1 case)	(0)	(0)	(5 00)	(0)	(0)	(5 00)
TOTAL - EDUCATION:		(4 cases)	(2)	(0)	(72 00)	(869 50)	(0)	(941 50)

* Case reported previously. # Case pending.

Champaign-Urbana
Fine and Applied Arts

Claim No. Bands	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
4070	(2)	1-29-59	0	0	10 00	0	0	10 00
Total - Bands: (1 case)			(0)	(0)	(10 00)	(0)	(0)	(10 00)
Music								
4004	(2)	10-2-58	0	0	15 00	0	0	15 00
Total - Music: (1 case)			(0)	(0)	(15 00)	(0)	(0)	(15 00)
TOTAL - FINE AND APPLIED ARTS: (2 cases)								
			(0)	(0)	(25 00)	(0)	(0)	(25 00)

* Case reported previously. # Case pending.

Champaign-Urbana
Physical Education

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Physical Education for Men								
3988	(2)	9-18-58	0	0	12 50	0	0	12 50
Total - Physical Education for Men: (1 case)								
			(0)	(0)	(12 50)	(0)	(0)	(12 50)
Physical Education for Women								
3933	(1)	4-28-58	0	0	8 50	0	0	8 50
3968	(1&2)	9-19-58	0	0	10 00	0	0	10 00
Total - Physical Education for Women: (2 cases)								
			(0)	(0)	(18 50)	(0)	(0)	(18 50)
TOTAL - PHYSICAL EDUCATION: (3 cases)								
			(0)	(0)	(31 00)	(0)	(0)	(31 00)

* Case reported previously. # Case pending.

Champaign-Urbana
Veterinary Medicine

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
3946	(1&2)	9-10-58	1	0	35 85	0	0	35 85
4033	(1)	12-30-58	0	0	10 00	0	0	10 00
TOTAL - VETERINARY MEDICINE: (2 cases)			(1)	(0)	(45 85)	(0)	(0)	(45 85)

* Case reported previously. # Case pending.

Champaign-Urbana
Communications

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Television and Motion Pictures								
4116	(1)	3-26-59	0	0	5 00	0	0	5 00
4155	(5)	5-11-59	0	0	2 00	0	0	2 00
4163	(1)#	5-18-59	0	0	2 00	0	0	2 00
4164	(1)	5-12-59	0	0	1 50	0	0	1 50
Total - Television and Motion Pictures: (4 cases)					(0)	(0)	(0)	(10 50)
Radio Service								
4101	(1)	2-26-59	0	0	5 00	0	0	5 00
Total - Radio Service: (1 case)					(0)	(0)	(0)	(5 00)
Print Shop								
3990	(1)	10-30-58	3	0	15 00	0	0	15 00
4142	(1)	4-22-59	0	0	3 50	0	0	3 50
4147	(11)	4-27-59	0	0	30 00	0	0	30 00
Total - Print Shop: (3 cases)					(0)	(0)	(0)	(48 50)

* Case reported previously. # Case pending.

Champaign-Urbana
Communications (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Photography								
3977	(11)	9 - 58	0	0	4 95	0	0	4 95
Total - Photography:		(1 case)	(0)	(0)	(4 95)	(0)	(0)	(4 95)
TOTAL - COMMUNICATIONS:		(9 cases)	(3)	(0)	(68 95)	(0)	(0)	(68 95)

* Case reported previously. # Case pending.

Champaign-Urbana
University Extension

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Robert Allerton House								
3891	(2)	6-11-58	0	0	33 50	0	0	33 50
4154	(5)	5-11-59	0	0	11 70	0	0	11 70
4166	(1)	5-28-59	0	0	5 00	0	0	5 00
Total - Robert Allerton House: (3 cases)			(0)	(0)	(50 20)	(0)	(0)	(50 20)
Visual Aids Service								
3839	(2)*	4-17-58	0	0	15 00	0	0	15 00
3903	(2)	6-20-58	7	0	47 05	0	0	47 05
Total - Visual Aids: (2 cases)			(7)	(0)	(62 05)	(0)	(0)	(62 05)
TOTAL - DIVISION OF UNIVERSITY EXTENSION: (5 cases)								
			(7)	(0)	(112 25)	(0)	(0)	(112 25)

* Case reported previously. # Case pending.

Champaign-Urbana
Institute of Aviation

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Airport								
3849	(1)	4-28-58	0	0	2 00	0	0	2 00
3907	(1)	6-20-58	0	0	1 50	0	0	1 50
3987	(2)	10-20-58	0	0	27 00	0	0	27 00
3991	(12)	11-10-58	death	0	0	500 00	10 00	510 00
4046	(2)	1-13-59	0	0	36 00	0	0	36 00
4068	(2)	1-15-59	0	0	7 00	0	0	7 00
4079	(1)	2-11-59	0	0	3 50	0	0	3 50
Total - Airport: (7 cases)					(77 00)	(500 00)	(10 00)	(587 00)
TOTAL - INSTITUTE OF AVIATION:								
(7 cases)					(77 00)	(500 00)	(10 00)	(587 00)

* Case reported previously. # Case pending.

Champaign-Urbana
Library

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
3885	(1)	5-19-58	0	0	15 00	0	0	15 00
4014	(1)	11-15-58	0	0	7 00	0	0	7 00
4019	(2)	12-10-58	0	0	1 75	0	0	1 75
4026	(2)	12-8-58	0	0	13 00	0	0	13 00
4059	(1)	1-22-59	0	0	10 00	0	0	10 00
TOTAL - LIBRARY:		(5 cases)	(0)	(0)	(46 75)	(0)	(0)	(46 75)

* Case reported previously. # Case pending.

Champaign-Urbana
State Natural History Survey

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
4005	(1)**	10-31-58	0	0	6 00	0	0	6 00
TOTAL - STATE NATURAL HISTORY SURVEY: (1 case)								
			(0)	(0)	(6 00)	(0)	(0)	(6 00)

* Case reported previously. # Case pending.

** State Natural History Survey is not a college, division or department of the University, but the University became involved in this claim as a result of research work being performed by the State Natural History Survey under a research contract providing for the payment to the University of a percentage of wages and salaries paid under the contract for such claims.

Champaign-Urbana
Physical Plant

Claim No.	(Type of Injury)	Date Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
3384	(2)*	3-28-56	0	0	20 00	0	0	20 00
3512	(1)*#	10-15-56	181	879 13	939 22	0	19 42	1837 77
3567	(1)*	1-21-57	0	0	107 50	869 50	0	977 00
3712	(2)*	7-22-57	0	0	5 00	1170 00	0	1175 00
3767	(2)*#	12-18-57	6	36 00	0	0	0	36 00
3782	(2)*	4-26-57	0	0	7 00	0	0	7 00
3804	(1)*	2-25-58	0	0	0	100 00	0	100 00
3810	(2)*	2-26-58	0	0	15 00	0	0	15 00
3834	(2)*	4-2-58	0	0	65 34	0	0	65 34
3842	(2)*#	4-21-58	32	192 00	810 12	0	0	1002 12
3867	(1)*	5-21-58	0	0	24 25	0	0	24 25
3888	(2)	6-11-58	0	0	12 25	0	0	12 25
3889	(5)	6-10-58	0	0	22 00	0	0	22 00
3893	(2)	6-11-58	24	0	176 90	0	0	176 90
3897	(5)	6-11-58	0	0	1 50	0	0	1 50
3898	(1)	6-13-58	0	0	2 00	0	0	2 00

* Case reported previously. # Case pending.

Champaign-Urbana
Physical Plant (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
3909	(2)	6-16-58	41	234 29	0	800 00	0	1034 29
3912	(4)	7-15-58	0	0	15 00	0	0	15 00
3916	(5)	7-23-58	1	0	14 00	0	0	14 00
3917	(12)	7-24-58	0	0	50 00	0	0	50 00
3919	(8)#	7-22-58	14	42 00	242 85	0	17 40	302 25
3923	(2)	7-12-58	12	28 57	0	0	0	28 57
3930	(5)	8-6-58	0	0	13 00	0	0	13 00
3931	(1)	8-6-58	0	0	10 00	0	0	10 00
3935	(1)	8-20-58	0	0	6 50	150 00	0	156 50
3937	(2)	8-18-58	8	6 43	4 64	0	0	11 07
3938	(2)	8-20-58	4	0	5 00	0	0	5 00
3940	(2)	8-11-58	5	0	7 80	0	0	7 80
3943	(5)	8-8-58	0	0	1 50	0	0	1 50
3950	(2)	9-10-58	4	0	19 00	0	0	19 00
3951	(1)	9-14-58	0	0	5 00	0	0	5 00
3961	(1)	9-12-58	0	0	2 15	0	0	2 15

* Case reported previously. # Case pending.

Champaign-Urbana
Physical Plant (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
3978	(9)	10-13-58	56	312 00	355 31	0	0	667 31
3980	(4)	10-28-58	0	0	1 35	0	0	1 35
3989	(9)	11-6-58	53	318 00	550 75	0	0	868 75
3995	(1)#	11-6-58	64	402 28	622 80	0	0	1025 08
3997	(1)	11-17-58	3	0	8 00	0	0	8 00
3999	(2)#	11-19-58	151	841 28	2147 35	0	0	2988 63
4006	(5)	12-3-58	0	0	18 00	0	0	18 00
4011	(1)	11-30-58	1	0	44 00	0	0	44 00
4013	(2)	11-28-58	0	0	16 65	0	0	16 65
4015	(2)	9-19-58	0	0	15 00	0	0	15 00
4016	(2)	12-8-58	0	0	32 60	0	0	32 60
4018	(2)	11-24-58	14	40 00	0	0	0	40 00
4027	(2)#	12-4-58	108	678 86	760 60	0	0	1439 46
4034	(2)	12-31-58	4	0	5 30	0	0	5 30
4043	(2)	1-13-59	6	0	32 50	0	0	32 50
4047	(2)	1-20-59	0	0	1 50	0	0	1 50

* Case reported previously. # Case pending.

Champaign-Urbana
Physical Plant (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
4054	(3)	1-19-59	0	0	1 00	0	0	1 00
4055	(2)	1-26-59	48	301 71	46 40	0	0	348 11
4057	(2)	1-27-59	0	0	2 25	0	0	2 25
4060	(1)#	1-27-59	0	0	25 00	0	0	25 00
4061	(2)	1-29-59	0	0	80 50	0	0	80 50
4065	(2)	2-2-59	0	0	33 00	0	0	33 00
4072	(1)	2-3-59	0	0	5 00	0	0	5 00
4078	(2)	2-16-59	1	0	7 00	0	0	7 00
4082	(1)	1-28-59	0	0	20 00	0	0	20 00
4083	(1)	2-2-59	2	0	40 00	0	0	40 00
4088	(2)	2-24-59	5	0	21 52	0	0	21 52
4090	(9)	3-9-59	48	267 43	482 40	0	0	749 83
4092	(3)	2-23-59	13	34 29	3 25	0	0	37 54
4093	(2)#	3-4-59	0	0	57 50	0	0	57 50
4095	(5)	2-25-59	0	0	1 50	0	0	1 50
4096	(4)	2-26-59	0	0	2 00	0	0	2 00
4102	(2)#	3-11-59	0	0	14 00	0	0	14 00

* Case reported previously. # Case pending.

Champaign-Urbana
Physical Plant (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
4104	(2)#	3-16-59	0	0	44 94	0	0	44 94
4121	(1)	3-16-59	0	0	1 50	0	0	1 50
4123	(2)	4-9-59	7	0	45 75	0	0	45 75
4125	(5)	4-9-59	0	0	10 00	0	0	10 00
4127	(1)	4-10-59	0	0	2 50	0	0	2 50
4130	(1)	4-15-59	0	0	2 15	0	0	2 15
4132	(3)	4-19-59	0	0	13 00	0	0	13 00
4133	(3)	3-17-59	2	0	2 50	0	0	2 50
4135	(2)	3-26-59	4	0	18 00	0	0	18 00
4144	(2)	4-24-59	0	0	2 00	0	0	2 00
4150	(1)	5-3-59	0	0	3 00	0	0	3 00
4156	(2)	5-8-59	18	61 29	2 75	0	0	64 04
4158	(5)	5-13-59	0	0	1 50	0	0	1 50
4162	(5)	5-15-59	0	0	10 00	0	0	10 00
4169	(2)	5-22-59	0	0	8 50	0	0	8 50
4172	(2)#	6-4-59	3	0	2 00	0	0	2 00
4180	(2)	5-19-59	0	0	15 00	0	0	15 00

* Case reported previously. # Case pending.

Champaign-Urbana
Physical Plant (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
TOTAL - PHYSICAL PLANT:								
	(82 cases)		(943)	(4675 56)	(8243 64)	(3089 50)	(36 82)	(16045 52)

* Case reported previously. # Case pending.

Champaign-Urbana
Physical Plant - Auxiliary Enterprises

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Illini Union								
3843	(1&2)*#	4-16-58	187	1041 86	240 50	0	0	1282 36
3862	(9)*	5-10-58	79	440 14	314 85	0	0	754 99
3872	(2)	5-25-58	0	0	26 00	0	0	26 00
3925	(1)	7-31-58	0	0	15 00	0	0	15 00
3944	(1)	7-2-58	0	0	6 50	0	0	6 50
3952	(2)	9-15-58	3	0	15 00	0	0	15 00
3955	(1)	9-3-58	0	0	20 00	0	0	20 00
3969	(3)	10-4-58	0	0	1 50	0	0	1 50
3981	(1)	10-9-58	0	0	6 50	0	0	6 50
3994	(1)	10-31-58	0	0	6 50	0	0	6 50
4035	(1)	12-28-58	0	0	5 00	0	0	5 00
4038	(2)	12-26-58	0	0	15 00	0	0	15 00
4039	(2)	1-8-59	0	0	12 00	0	0	12 00
4145	(1)	4-12-59	15	50 29	0	0	0	50 29
4152	(1)#	5-2-59	0	0	2 00	0	0	2 00

* Case reported previously. # Case pending.

Champaign-Urbana
Physical Plant - Auxiliary Enterprises (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Illini Union (continued)								
4153	(1)#	5-2-59	0	0	38 90	0	0	38 90
4160	(2)	5-16-59	3	0	2 50	0	0	2 50
Total - Illini Union: (17 cases)					(1532 29)	(727 75)	(0)	(2260 04)

* Case reported previously. # Case pending.

Champaign-Urbana
Physical Plant - Auxiliary Enterprises (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Housing Division								
3734	(2)*	10-11-57	0	0	15 00	0	0	15 00
3858	(2)	5-6-58	0	0	21 05	0	0	21 05
3875	(1)	5-31-58	0	0	9 00	0	0	9 00
3908	(1)	6-16-58	0	0	10 00	0	0	10 00
3910	(11)	7-2-58	4	0	35 00	0	0	35 00
3939	(2)	8-19-58	0	0	15 00	0	0	15 00
3954	(3)	9-23-58	0	0	1 50	0	0	1 50
3956	(2)	9-14-58	0	0	27 00	0	0	27 00
3957	(1)	9-12-58	10	19 29	37 00	0	0	56 29
3959	(3)	9-21-58	0	0	1 50	0	0	1 50
3960	(1)	9-19-58	0	0	1 50	0	0	1 50
3964	(1)	9-25-58	0	0	5 00	0	0	5 00
3974	(1)	10-14-58	0	0	31 50	0	0	31 50
3979	(2)	10-10-58	0	0	15 00	0	0	15 00
3983	(1)	10-31-58	3	0	40 65	0	0	40 65

* Case reported previously. # Case pending.

Champaign-Urbana
Physical Plant - Auxiliary Enterprises (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Housing Division (continued)								
3984	(2)	10-16-58	0	0	3 00	0	0	3 00
3993	(3)	10-27-58	0	0	1 50	0	0	1 50
4000	(1)	11-23-58	0	0	50 00	0	0	50 00
4002	(2)	11-6-58	0	0	15 00	0	0	15 00
4007	(2)	10-23-58	0	0	7 00	0	0	7 00
4009	(1)	11-16-58	0	0	1 50	0	0	1 50
4010	(1)	11-23-58	0	0	21 00	0	0	21 00
4022	(4)#	9-25-58	0	0	123 50	0	0	123 50
4023	(6)	12-6-58	0	0	3 00	0	0	3 00
4028	(2)	12-17-58	0	0	18 00	0	0	18 00
4030	(1)	12-17-58	0	0	15 00	0	0	15 00
4052	(1)	1-10-59	0	0	2 00	0	0	2 00
4081	(1)	11-22-58	0	0	10 00	0	0	10 00
4098	(1)#	3-10-59	71	197 78	77 45	0	0	275 23
4113	(3)	3-21-59	0	0	2 50	0	0	2 50
4114	(1)	3-22-59	0	0	2 00	0	0	2 00

* Case reported previously. # Case pending.

Champaign-Urbana
Physical Plant - Auxiliary Enterprises (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Housing Division (continued)								
4118	(2)	3-9-59	42	234 00	92 90	0	0	326 90
4119	(1)	2-19-59	0	0	3 00	0	0	3 00
4120	(2)#	4-2-59	0	0	12 00	0	0	12 00
4122	(12)	4-9-59	0	0	112 50	0	0	112 50
4124	(1)	4-4-59	0	0	2 00	0	0	2 00
4126	(2)	3-13-59	0	0	12 00	0	0	12 00
4139	(1)	4-18-59	0	0	7 00	0	0	7 00
4151	(1)#	5-1-59	0	0	1 50	0	0	1 50
4157	(1)	5-12-59	0	0	1 75	0	0	1 75
4179	(2)	5-20-59	0	0	6 00	0	0	6 00
4181	(1)#	4-15-59	0	0	7 00	0	0	7 00
Total - Housing Division:					(130)	(875 80)	(0)	(1326 87)
(42 cases)								
TOTAL - Physical Plant - Auxiliary Enterprises: (59 cases)								
					(1360)	(6658 92)	(36 82)	(19632 43)
TOTAL - PHYSICAL PLANT: (141 cases)								
					(1595)	(7414 06)	(318 53)	(34533 57)
TOTAL - CHAMPAIGN-URBANA: (278 cases)								

* Case reported previously. # Case pending.

CHICAGO PROFESSIONAL COLLEGES

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Chicago Professional Colleges
Administration and General

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Animal Hospital								
C-363	(1)	8-22-58	0	0	1 10	0	0	1 10
C-385	(3)	3-16-59	0	0	65	0	0	65
Total - Animal Hospital: (2 cases)								
			(0)	(0)	(1 75)	(0)	(0)	(1 75)
Nonacademic Personnel								
C-354	(2)	9-8-58	0	0	70	0	0	70
Total - Nonacademic Personnel: (1 case)								
			(0)	(0)	(70)	(0)	(0)	(70)
TOTAL - ADMINISTRATION AND GENERAL: (3 cases)								
			(0)	(0)	(2 45)	(0)	(0)	(2 45)

* Case reported previously. # Case pending.

Chicago Professional Colleges
College of Medicine

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Biological Chemistry								
C-335	(7)*	10-23-57	0	0	1 84	0	0	1 84
Total - Biological Chemistry: (1 case)								
			(0)	(0)	(1 84)	(0)	(0)	(1 84)
Medicine								
C-373	(1)	12-24-58	0	0	1 65	0	0	1 65
Total - Medicine: (1 case)								
			(0)	(0)	(1 65)	(0)	(0)	(1 65)
Pathology								
C-372	(12)	12-10-58	0	0	80	0	0	80
Total - Pathology: (1 case)								
			(0)	(0)	(80)	(0)	(0)	(80)
Physical Medicine and Rehabilitation								
C-309	(2)*#	4-27-57	0	0	50 00	0	17 71	67 71
Total - Physical Medicine and Rehabilitation: (1 case)								
			(0)	(0)	(50 00)	(0)	(17 71)	(67 71)

* Case reported previously. # Case pending.

Chicago Professional Colleges
College of Medicine (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
C-371	(5)	11-19-58	0	0	2 40	0	0	2 40
Total - Radiology:	(1 case)		(0)	(0)	(2 40)	(0)	(0)	(2 40)
TOTAL - COLLEGE OF MEDICINE:	(5 cases)		(0)	(0)	(56 69)	(0)	(17 71)	(74 40)

* Case reported previously. # Case pending.

Chicago Professional Colleges
College of Dentistry

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
C-388	(1)#	4-16-59	3	0	0	0	5 00	5 00
Total - College of Dentistry: (1 case)								
			(3)	(0)	(0)	(0)	(5 00)	(5 00)

63

* Case reported previously. # Case pending.

Chicago Professional Colleges
College of Pharmacy

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
C-350	(2)	6-23-58	13	33 43	11 20	0	0	44 63
TOTAL - COLLEGE OF PHARMACY:								
	(1 case)		(13)	(33 43)	(11 20)	(0)	(0)	(44 63)

* Case reported previously. # Case pending.

Chicago Professional Colleges
Research and Educational Hospitals

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Administration								
C-390	(1)	1-29-59	0	0	57	0	0	57
Total - Administration:			(1 case)	(0)	(57)	(0)	(0)	(57)
Dietary								
C-351	(2)	5-28-58	5	0	6 75	0	0	6 75
C-357	(1)	6-23-58	0	0	35	0	0	35
Total - Dietary:			(2 cases)	(0)	(7 10)	(0)	(0)	(7 10)
Laboratory								
C-364	(12)#	12-11-58	62	372 00	0	0	0	372 00
Total - Laboratory:			(1 case)	(62)	(0)	(0)	(0)	(372 00)
Nursing								
C-311	(2)*	6-14-57	0	0	35	302 25	0	302 60
C-334	(1)*#	3-5-58	1	4 98	50 00	0	0	54 98
C-338	(1)#	4-9-58	89	469 10	15 00	0	0	484 10
C-346	(2)	6-7-58	15	48 00	0	0	0	48 00
C-353	(2)	9-4-58	46	262 86	0	0	0	262 86

* Case reported previously. # Case pending.

Chicago Professional Colleges
Research and Educational Hospitals (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
Nursing (continued)								
C-359	(2)	7-22-58	2	0	80	0	0	80
C-369	(1)	11-4-58	0	0	2 40	0	0	2 40
C-374	(2)#	11-4-58	21	84 00	6 95	0	0	90 95
C-377	(2)	12-20-58	2	0	1 05	0	0	1 05
C-381	(1)	3-13-59	0	0	2 20	0	0	2 20
C-384	(1)	2-27-59	0	0	1 80	0	0	1 80
C-389	(12)	5-8-59	2	0	35 00	0	0	35 00
Total - Nursing: (12 cases)					(178)	(868 94)	(115 55)	(302 25)
TOTAL - RESEARCH AND EDUCATIONAL HOSPITALS: (16 cases)								
					(245)	(1240 94)	(123 22)	(302 25)
						(0)	(0)	(1666 41)

* Case reported previously. # Case pending.

Chicago Professional Colleges
Physical Plant

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost		
C-298	(1)*	11-7-56	0	0	0	860 25	179 25	1039 50		
C-345	(1)*	5-12-58	0	0	2 45	0	0	2 45		
C-349	(2)	6-6-58	2	0	5 80	0	0	5 80		
C-352	(3)	7-17-58	3	0	9 86	0	0	9 86		
C-360	(3)	7-17-58	3	0	2 35	0	0	2 35		
C-361	(2)	10-1-58	0	0	50	0	0	50		
C-362	(5)	9-11-58	0	0	2 30	0	0	2 30		
C-367	(2)	10-2-58	0	0	2 40	0	0	2 40		
C-368	(1)	10-6-58	0	0	1 40	0	0	1 40		
C-376	(2)	1-3-59	19	68 57	0	0	0	68 57		
C-378	(2)#	2-26-59	45	250 71	0	0	0	250 71		
C-383	(1)	2-4-59	0	0	1 85	0	0	1 85		
TOTAL - PHYSICAL PLANT: (12 cases)					(72)	(319 28)	(28 91)	(860 25)	(179 25)	(1387 69)
TOTAL - CHICAGO PROFESSIONAL COLLEGES: (38 cases)					(333)	(1593 65)	(222 47)	(1162 50)	(201 96)	(3180 58)

* Case reported previously. # Case pending.

CHICAGO UNDERGRADUATE DIVISION

Chicago Undergraduate Division
Engineering

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
C-379	(5)	3-6-59	3	0	20 00	0	0	20 00
Total - Engineering: (1 case)								
			(3)	(0)	(20 00)	(0)	(0)	(20 00)
Physical Plant								
C-304	(2)*	1-11-57	0	0	0	1292 00	0	1292 00
C-316	(1)*	10-4-57	0	0	5 00	0	0	5 00
C-336	(1)	4-20-58	1	0	11 00	0	0	11 00
C-356	(2)	9-25-58	0	0	15 00	0	0	15 00
C-366	(5)	1-12-59	0	0	6 00	0	0	6 00
C-375	(2)	1-31-59	0	0	10 00	0	0	10 00
C-380	(5)	3-11-59	0	0	18 00	0	0	18 00
C-382	(1)	3-23-59	2	0	15 00	0	0	15 00
Total - Physical Plant: (8 cases)								
			(3)	(0)	(80 00)	(1292 00)	(0)	(1372 00)
Illini Union								
C-308	(1)*	4-5-57	14	34 00	0	1020 00	0	1054 00
C-333	(1)	4-2-58	0	0	25 00	150 00	0	175 00

* Case reported previously. # Case pending.

Chicago Undergraduate Division
Illini Union (continued)

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
C-337	(1)	4-18-58	23	89 14	55 75	135 86	0	280 75
Total - Illini Union: (3 cases)								
TOTAL - CHICAGO UNDERGRADUATE DIVISION: (12 cases)								
					(180 75)	(2597 86)	(0)	(2901 75)
					(80 75)	(1305 86)	(0)	(1509 75)
					(123 14)			
					(123 14)			

DIVISION OF SERVICES FOR CRIPPLED CHILDREN

Division of Services for Crippled Children

Claim No.	(Type of Injury)	Date of Accident	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
3724	(1)*	9-19-57	0	0	4 00	0	0	4 00
4067	(1)	1-29-59	0	0	17 00	0	0	17 00
4108	(9)#	2-23-59	0	0	11 00	0	0	11 00
4128	(2)	3-10-59	1	0	8 00	0	0	8 00
TOTAL - DIVISION OF SERVICES FOR CRIPPLED CHILDREN: (4 cases)								
			(1)	(0)	(40 00)	(0)	(0)	(40 00)

* Case reported previously. # Case pending.

TOTALS

	Calendar Days Lost	Comp. Time Lost	Medical	P. Disability Final Settlement	Other Expenses	O.D. or Work Comp. Cost
TOTAL - CHAMPAIGN-URBANA: (278 cases)	(1595)	(7414 06)	(15684 07)	(11116 91)	(318 53)	(34533 57)
TOTAL - CHICAGO PROFESSIONAL COLLEGES: (38 cases)	(333)	(1593 65)	(222 47)	(1162 50)	(201 96)	(3180 58)
TOTAL - CHICAGO UNDERGRADUATE DIVISION: (12 cases)	(43)	(123 14)	(180 75)	(2597 86)	(0)	(2901 75)
TOTAL - DIVISION OF SERVICES FOR CRIPPLED CHILDREN: (4 cases)(1)		(0)	(40 00)	(0)	(0)	(40 00)
GRAND TOTAL: (332 cases)	(1972)	(9130 85)	(16127 29)	(14877 27)	(520 49)	(40655 90)

* Case reported previously. # Case pending.

SCHEDULE 2

COMMON LAW CLAIMS (PERSONAL INJURY)

Eight claims of this nature were considered and acted upon by The Committee on Accident Compensation. One was disposed of by settlement, two by the payment of medical bills, four were denied, and one was withdrawn by claimant, at a total cost to the University of \$144.64.

Three other accidents involving personal injuries were investigated. No claim was asserted in two of such instances, and one was withdrawn.

In acting upon such claims The Committee on Accident Compensation is necessarily governed by the applicable principles of the Illinois Law under which the University is not liable to the claimants unless their injuries were proximately caused by negligence upon the part of the University or one of its agents or employees and unless, even if the University was negligent in the premises, the claimant was free from negligence on his part which contributed to his injuries.

SCHEDULE 3

CASES WHERE PAYMENTS OF HOSPITAL OR MEDICAL
STATEMENTS WERE MADE ON THE BASIS OF REFERRAL

Champaign-Urbana

Cases Where Payments of Hospital or Medical Statements Were Made on the Basis of Referral

Claim No.	Injury	Date of Accident	Department	Amount Paid on The Basis of Referral
3887	(5)	6-3-58	Housing	62 00
3892	(1)	6-11-58	Housing	151 95
3894	(5)	6-18-58	Physical Plant	37 00
3895	(2)	5-13-58	Electrical Engineering	15 00
3918	(2)	6-21-58	Animal Science	37 00
3920	(2)	7-16-58	Institute of Aviation	15 00
3921	(2)	7-25-58	Horticulture	15 00
3926	(3)#	8-1-58	Print Shop	57 30
3932	(2)	8-6-58	Physical Plant	5 90
3934	(11)	8-16-58	Agronomy	47 30
3963	(2)	9-23-58	Physical Plant	25 00
3985	(2)	10-15-58	Housing	43 00
3992	(2)	10-22-59	Institute of Aviation	6 00
4001	(1)	11-4-58	Physical Plant	18 00
4031	(2)	12-19-58	Mechanical Engineering	9 00
4041	(1)	12-1-58	Housing	9 00
4094	(2)#	2-17-59	Physical Plant	30 00

* Case reported previously. # Case pending.

Champaign-Urbana

Cases Where Payments of Hospital or Medical Statements Were Made on the Basis of Referral

Claim No.	Injury	Date of Accident	Department	Amount Paid on The Basis of Referral
4111	(2)#	unknown	Housing	2 35
4137	(11)	5-1-59	Physical Plant	5 00
4165	(1)	5-1-59	Housing	5 00
TOTAL - CHAMPAIGN- URBANA: (20 cases)				(595 80)

* Case reported previously. # Case pending.

Chicago Professional Colleges
Cases Where Payments of Hospital or Medical Statements Were Made on the Basis of Referral

Claim No.	Injury	Date of Accident	Department	Amount Paid on The Basis of Referral
C-348	(2)	6-14-58	Nursing	3 20
C-358	(2)	9-17-58	Physical Plant	1 95
TOTAL - CHICAGO PROFESSIONAL COLLEGES: (2 cases)				(5 15)

Division of Services for Crippled Children

4066	(1)	12-18-58	Division of Services for Crippled Children	50 00
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TOTAL - DIVISION OF SERVICES FOR
CRIPPLED CHILDREN: (1 case)

(50 00)

GRAND TOTAL - Cases Where Payment of Hospital
or Medical Statements Were Made on the
Basis of Referral (23 cases)

(650 95)

SCHEDULE 4

ANALYSIS OF COMPENSABLE CASES

Analysis of Compensable Cases*
Number of Cases

INJURY	1955 - 56	1956 - 57	1957 - 58	1958 - 59
1. Cuts and Bruises	80	101	94	129
2. Strains, sprains and fractures	96	101	95	120
3. Burns and infections	24	12	17	21
4. Punctures	8	16	9	8
5. Particle in eye	13	15	10	29
6. Splinters	4	4	3	2
7. Inhaling toxic fumes	2	0	5	1
8. Automobile Accidents	0	0	1	2
9. Hernia	12	6	2	5
10. Diagnostic x-ray	0	0	1	0
11. Allergies	7	6	2	4
12. Other	6	25	6	11
TOTAL:	(252)	(286)	(245)	(332)

* Includes all cases listed in Schedule 1.

Champaign-Urbana
Comparative Summary of Accident Cases by Department, Number, and Total Cost

College or Department	No. of Cases	1957-1958 Work. Comp. or O.D. Cost	Total Cost*	No. of Cases	1958-1959 Work. Comp. or O.D. Cost	Total Cost*
Administration & General	4	133.61	185.11	8	95.85	176.93
Liberal Arts & Sciences	6	130.50	244.35	9	773.22	773.22
Agriculture	37	13,632.22	14,901.29	60	10,373.09	11,953.56
Engineering	21	3,401.18	3,874.29	20	1,771.68	2,002.60
Graduate College	1	20.00	20.00	2	23.00	64.38
Education	2	291.60	291.60	4	941.50	941.50
Fine & Applied Arts	1	144.36	144.36	2	25.00	25.00
Physical Education	3	89.50	135.10	3	31.00	31.00
Veterinary Medicine	4	140.50	140.50	2	45.85	45.85
Communications	4	42.80	42.80	9	68.95	91.07
University Extension	9	103.35	103.35	5	112.25	163.85
Institute of Aviation	3	45.80	261.40	7	587.00	587.00
Library	1	8.50	8.50	5	46.75	46.75
State Natural History Survey	0	0	0	1	6.00	6.00
Physical Plant	68	10,465.36	14,633.89	82	16,045.52	26,763.92
Illini Union	14	1,720.10	2,190.07	17	2,260.04	3,218.66

SCHEDULE 5

COMPARATIVE SUMMARY OF ACCIDENT CASES
BY DEPARTMENT, NUMBER, AND TOTAL COST

Champaign-Urbana

Comparative Summary of Accident Cases by Department, Number, and Total Cost

College or Department	No. of Cases	1957-1958 Work. Comp. or O.D. Cost	Total Cost*	No. of Cases	1958-1959 Work. Comp. or O.D. Cost	Total Cost*
Housing Division	28	1,352.24	1,893.38	42	1,326.87	1,693.74
TOTAL - CHAMPAIGN-URBANA:	(207)	(31,747.62)	(39,095.99)	(278)	(34,533.57)	(48,585.03)

* To be consistent with previous report, total cost means University Benefits plus the cost of benefits under the Workmen's Compensation or O.D. Acts.

Chicago Professional Colleges
Comparative Summary of Accident Cases by Department, Number and Total Cost.

College or Department	No. of Cases	1957-1958 Work. Comp. or O.D. Cost	Total Cost*	No. of Cases	1958-1959 Work. Comp. or O.D. Cost	Total Cost*
Administration & General	1	.90	39.90	3	2.45	2.45
College of Medicine	1	5.15	5.15	5	74.40	74.40
College of Dentistry	0	0	0	1	5.00	25.01
College of Pharmacy	0	0	0	1	44.63	142.00
R & E Hospitals	9	1,624.82	1,809.83	16	1,666.41	1,899.46
Physical Plant	12	1,659.12	2,479.47	12	1,387.69	1,427.93
Housing	2	2.41	2.41	0	0	0
Illini Union	1	25.00	25.00	0	0	0
TOTAL - CHICAGO PROFESSIONAL COLLEGES:	(26)	(3,317.40)	(4,361.76)	(38)	(3,180.58)	(3,571.25)

* To be consistent with previous reports, total cost means University Benefits plus the cost of benefits under Workmen's Compensation or O.D. Acts.

Chicago Undergraduate Division
Comparative Summary of Accident Cases by Department, Number, and Total Cost

College or Department	No. of Cases	1957-1958 Work. Comp. or O.D. Cost	Total Cost*	No. of Cases	1958-1959 Work. Comp. or O.D. Cost	Total Cost*
Engineering	0	0	0	1	20.00	20.00
Physical Plant	8	1,131.56	1,401.17	8	1,372.00	1,449.35
Illini Union	2	105.75	146.85	3	1,509.75	1,696.07
TOTAL - CHICAGO UNDERGRADUATE DIVISION:	(10)	(1,237.31)	(1,548.02)	(12)	(2,901.75)	(3,165.42)
DIVISION OF SERVICES FOR CRIPPLED CHILDREN:	2	506.71	990.27	4	40.00	40.00
GRAND TOTAL:	(245)	(36,809.04)	(45,996.04)	(332)	(40,655.90)	(55,361.70)

* To be consistent with previous reports, total cost means University Benefits plus the cost of benefits under the Workmen's Compensation or O.D. Acts.

SCHEDULE 6

CASES CONSIDERED BY THE INDUSTRIAL COMMISSION OF ILLINOIS
AND DISPOSITION THEREOF

AGREED SETTLEMENTS APPROVED BY THE
INDUSTRIAL COMMISSION OF ILLINOIS

Agreed Settlements Approved by the Industrial Commission of Illinois

Case No.	Type of Injury	Date of Accident	Basis of Settlement	Amount of Settlement
3567	(1)	1-21-57	Basis of 10% loss of use of left upper extremity	869.50
3576	(1)	1-29-57	Basis of 10% loss of use of left upper extremity	869.50
3622	(2)	4-1-57	Basis of 10% loss of use of right upper extremity	799.00
3712	(2)	7-22-57	Basis of 15% loss of use of left lower extremity	1,170.00
3746	(2)	11-7-57	Basis of 25% loss of use of left thumb	735.00
3755	(2)	12-4-57	Basis of 10% loss of use of right lower extremity plus medical, surgical and hospital expenses	1,529.15
3804	(1)	2-25-58	Disfigurement remaining after laceration of left cheek	100.00
3909	(2)	6-16-58	Basis of 10% loss of use of right lower extremity plus temporary total disability for 5 6/7 weeks	1,034.29
3935	(1)	8-20-58	Disfigurement remaining after laceration of left arm	150.00
4040	(1)	2-20-58	Basis of 25% loss of use of left index finger	440.00
C-304	(2)	1-11-57	Basis of 20% loss of use of right hand	1,292.00

Agreed Settlements Approved by the Industrial Commission of Illinois (continued)

Case No.	Type of Injury	Date of Accident	Basis of Settlement	Amount of Settlement
C-311	(1)	6-14-57	Basis of 5% loss of use of right foot	302.25
C-333	(1)	4-2-58	Disfigurement remaining after contusion of left hand and abrasion of left shoulder	150.00
C-337	(1)	4-18-58	Disfigurement remaining after scalp wound plus 2 2/7 weeks temporary total disability	225.00

TOTAL - Agreed Settlements Approved by The Industrial Commission of Illinois

(14 cases)

(9,665.69)

DISPOSITION OF DISPUTED CLAIMS CONSIDERED
BY THE INDUSTRIAL COMMISSION OF ILLINOIS

Disposition of Disputed Claims Considered by the
Industrial Commission of Illinois

Case No.	Type of Injury	Date of Accident	Basis of Award	Amount of Award
3636	(12)	'45 - '55	Arbitrator's Decision "No Compensation Due"	0
C-298	(1)	11-7-56	Basis of 15% loss of use of left foot	860.25
C-308	(1)	4-5-57	Basis of 15% loss of use of left leg plus 1 week temporary total disability	1,054.00
C-334	(1)	3-5-58	Case Dismissed before the Industrial Commission	0

TOTAL - Disposition of Disputed Claims Considered
by the Industrial Commission of Illinois

(4 cases) (1,914.25)

GRAND TOTAL -

(18 cases) (11,579.94)

SCHEDULE 7

RELATION OF INJURY COSTS TO TOTAL ANNUAL PAYROLL

Relation of Injury Costs to Total Annual Payroll

Year	Total Annual Payroll	Amount paid by University on Injuries to Employees	Work. Comp. or O.D. Cost	Percent of Injury Costs to Total Payroll	Percent of Work. Comp. or O.D. Costs to Total Payroll
1945 - 46	8 895 000	5 731		0.0660%	
1946 - 47	17 311 112	14 707		0.0850%	
1947 - 48	23 323 264	13 398		0.0570%	
1948 - 49	25 438 883	19 327		0.0760%	
1949 - 50	29 134 839	26 517		0.0909%	
1950 - 51	30 470 619	17 208		0.0565%	
1951 - 52	31 801 212	33 989		0.1068%	
1952 - 53	35 969 804	29 373		0.0816%	
1953 - 54	37 855 681	49 694*	38 712	0.1313%	0.1022
1954 - 55	39 303 520	38 400*	28 943	0.0977%	0.0736
1955 - 56	43 756 102	55 682*	42 581	0.127%	0.0973
1956 - 57	46 117 802	57 467*	49 261	0.1246%	0.1068
1957 - 58	49 943 732	48 499*	36 809	0.0971%	0.0737
1958 - 59	52 334 875	56 012*	40 655	0.1070%	0.0776

* To be consistent with previous reports, total cost means University Benefits plus the cost of benefits under the Illinois Workmen's Compensation or O.D. Acts.

UNIVERSITY OF ILLINOIS-URBANA



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